CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Death

2. Form No. if available:

3. Type—(cards, paper, etc.) Bound Book

4. Dates

5. Volume accumulated yearly

6. Size of Record: Misc.

7. Number of copies made: One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Micro. Perm.

c. Total 12 yrs and Micro. Perm.

10. Equipment and space freed.

11. In your opinion does this record have any historical significance?

YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Microfilm Permanent

c. Total 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. H. 1268-9

79551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-E 79551

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 Linden Ave (Ward) 14-30

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Hess

(a) Residence: No. 1611 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip W. Hess

6. DATE OF BIRTH (month, day, year) Oct 17th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Rowney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Martin
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs R. L. Welch
(Address) 1400 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 19

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 9 - 1932 Huntington Williams, M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5th 1932 to May 8th 1932
I last saw her alive on May 7th 1932 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis &	
Chronic Myocarditis	1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical Diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury 19
Where did injury occur? ?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury ?
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Culver M. D.
(Address) 1401 Eutaw St

AACo. 5-11 250R

79552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79552

CERTIFICATE OF DEATH

51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 3-7-46 Ward

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll Anderson

(a) Residence: No. 5301 York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	7 5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ofc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Geo. W. Anderson (d)
14. BIRTHPLACE (city or town) (State or country) md.
15. MAIDEN NAME Mary Carroll
16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 11th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

5 mo 9 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/27/32, 19 ..., to 5/9/32, 19

I last saw h[illegible] alive on 5/9/32 19 death is said to have occurred on the date stated above, at 7.[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder — Date of onset 11/27/31

Other contributory causes of importance:
Ureteral block - Uraemia — 4/20/32

Name of operation Suprapubic Cystotomy Date of
What test confirmed diagnosis? Mic. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLean M. D.
(Address) Union Mem. Hosp.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79553

CERTIFICATE OF DEATH

E 79553

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 22-31 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Eyerly

(a) Residence: No. 8 W. Henrietta St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If [redacted] widowed, [redacted] (or) WIFE of Harry G. Eyerly

6. DATE OF BIRTH (month, day, year) Oct 4th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry T. Eyerly

(Address) 521 N. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date May 11th 1932

19. UNDERTAKER Wm Cook

(Address) 121 St Paul St

Huntington Wellsville, N.Y.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Sclerotic Cardio-vascular Disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. K. H. Wagner Coroner, M. D.

(Address) 506 E. Hoffman

No. 5-31 250B

79554 HEALTH DEPARTMENT—CITY OF BALTIMORE 79554

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4214 Connecticut Ave St., 40-71 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Elizabeth Steele

(a) Residence: No. 4214 Connecticut Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
Husband of
(or) WIFE of Amor

6. DATE OF BIRTH (month, day, year) June 28, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
	84	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

FATHER

13. NAME Abernethy McCoy

14. BIRTHPLACE (city or town) (State or country) North East Md.

MOTHER

15. MAIDEN NAME Sarah McCoy

16. BIRTHPLACE (city or town) (State or country) North East Md.

17. INFORMANT Joseph Rodgers
(Address) 4214 Connecticut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Penna. Date 5/10/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 5-9-1932 Huntington Wm [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to May 9, 1932

I last saw her alive on May 8 1932 death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter A Lee M. D.
(Address) 537 Lockwood Parkway

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79555 E 79555

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 W. Hill St. ..... Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. 8 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie B. Hayes

(a) Residence: No. 142 W. Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Hayes

6. DATE OF BIRTH (month, day, year) Oct. 20 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Wesley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Wesley

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Goldie Bell
(Address) 829 Leadenhall

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 12 1932

19. UNDERTAKER James E. Wright
(Address) 501 E. Baltimore St.

20. FILED May 13 1932 Hunter Williams
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1932 to May 9 1932

I last saw her alive on May 9 1932, death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	4/25/32
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hunter Williams M. D.

(Address) 610 E. Baltimore St.

AaCo. 5-31 2508

E 79556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 176 E 79556

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Darley Ave St. E of 45 Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Tuttmar

(a) Residence: No. 1726 Darley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert Tuttmar

6. DATE OF BIRTH (month, day, year) 2-26-1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Behrens

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ella Hanke
(Address) 1726 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 5/11 1932

19. UNDERTAKER Albert L. Kelly Jr
(Address) 1641 E Chase St

20. 1932 Huntington Williams Jr. Registrar. M. D. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3 1932 to May 8 1932

I last saw her alive on May 8 1932 death is said to have occurred on the date stated above, at 1100 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	6 months

Other contributory causes of importance:

Cholelithiasis and Obstructive Jaundice	2 weeks

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place. .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert A. Kelly Jr. M. D.

(Address) 2075 E. North Ave

M. D. H. 1268-9

15 Harford

79557

HEALTH DEPARTMENT—CITY OF BALTIMORE

79557

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (26-1 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Brunson

(a) Residence: No. 1211 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of Leslie Brunson

6. DATE OF BIRTH (month, day, year) Aug 18th 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Ellis Davis

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Jane Woodard

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Leslie Brunson

(Address) 1211 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Bells Cemetery Date May 11th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

No. 101932 Huntington Williamsburg N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ——, 19 .., to ——, 19 ..

I last saw h[illegible] alive on ——, 19 .. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Arteria Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. O. Herzig M.D. Coroner M. D.

(Address)

M. D. H. 1268-9

E 79558 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79558

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 E. Madison St. 7-12 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura V. Nayer

(a) Residence: No. 2514 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William H. Nayer

6. DATE OF BIRTH (month, day, year) ? 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ferdinand Nayer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bernie Hunnicheu

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Laura V. Nayer

(Address) 2514 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Date May 11 1932

19. UNDERTAKER John O. Mitchell & Son

(Address) 1916 Eutaw Place

20. FILED MAY 10 1932 Huntingdon Williams Notary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 8, 1932

I last saw her alive on May 7, 1932. Death is said to have occurred on the date stated above, at 3:05 a/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	May 1
Cerebral Hemorrhage	Apr 30

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased

If so, specify ...

(Signed) Alma B. Emmons, M. D.

(Address) 718 N. Patterson Park Ave

M. D. H. 1268-9

E 79559 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79559

CERTIFICATE OF DEATH

94-002

Registered No. 50-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 138 Franklintown Rd.

CITY OF BALTIMORE: (No.) St. Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Brazer

(a) Residence: No. 138 S. Franklintown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Brazer

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Brazer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Eisenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sister (Address) 138 S. Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL. Place Rosedale Cemetery Date 5-10-32 19

19. UNDERTAKER Jack Louis Inc (Address) 1429 E. Baltimore St

20. FILED MAY 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932 19 to May 9 19 32

I last saw h. alive on May 9 19 32 Death is said to have occurred on the date stated above, at. 11.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. L. Chambers M. D.

(Address) Sinai Hosp. - Balto, Md.

1-30—M. & T.—100 B—50L

E 79560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79560

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 Hart ST. 22-30 WARD)

2-FULL NAME Mary Schoolhause

(a) RESIDENCE NO 659 Hart ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Schoolhause

6 DATE OF BIRTH (month, day, and year) Oct 23-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jacob Hausman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jacob Schoolhause (son)
(Address) 659 Hart St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) George Fillgt Coroner, M. D.

5/9, 1932 (Address) 2759 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL May 13 1932

20 UNDERTAKER Jos Joerdens Son — ADDRESS 2173 Bo...

THIS is very important. See instructions on back of certificate.

AGCo. 5-31 250M

Murnane

E 79561 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79561

CERTIFICATE OF DEATH

131

Registered No. 10-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Brentwood Ave. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Edward Murnane

(a) Residence: No. Evanston, Ill. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Evanston, Ill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Murnane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nancy Enright

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Murnane
(Address) 1024 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5/11/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAY 10 1932 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to May 8, 1932

I last saw him alive on May 8, 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance: Chronic Nephritis	6 Mos

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur M. Pearce M. D.

(Address) St Paul & Preston Sts.

Cor.—12-9-25—A Co.—200 Pks.

E 79562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79562

CERTIFICATE OF DEATH.

92-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 453 N. 24th St. 12-51 Ward)

2-FULL NAME John J. Kelly.

(a) RESIDENCE NO. 453 N. 24th East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Bridget Kelly.

6 DATE OF BIRTH (month, day, and year) Aug. 6, 1846.

7 AGE: Years 85 Months 9 Days 3. IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town): Roscommon

(State or country): Ireland

PARENTS

10 NAME OF FATHER: John J. Kelly Sr.

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: William J. Kelly

(Address) 453 N. 24th St.

15 Filed ... 19... Huntington Hill Asst. Registrar

JUN 1 1932

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 32.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colon Cancer Disease of

Heart

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) ... M. D.

(Coroner)

May 19 32 (Address) 4622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: May. 12 1932

20 UNDERTAKER: Walter Davis ADDRESS 3418 Eastend Ave

E. 79563

E. 79563 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-45 66-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 Erdman Ave. St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie I. Hambleton

(a) Residence: No. 2933 Erdman Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Hambleton

6. DATE OF BIRTH (month, day, year) July 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Nebo County Pa.

FATHER

13. NAME J. A. Alexander

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lydia Eshleman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT William C. Hambleton

(Address) 2933 Erdman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date May 11, 1932

19. UNDERTAKER Frederick Lazarus & Son

(Address) 7401 Belair Road

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 9, 1932

I last saw her alive on May 8, 1932 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Thyrotoxic heart disease — auricular fibrillation	May 7th
b.	
c.	
d.	

Other contributory causes of importance: Acute pleuritis with effusion. — May 5th

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. A. Alexander M. D.

(Address) 6067 Harford Rd.

79564 E 79564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1020 Druid Hill Ave. (Ward) 17-24
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances A. Spriggs
(a) Residence: No. 1020 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (Write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew A. Spriggs
6. DATE OF BIRTH (month, day, year) 3/5/1852
7. AGE Years 80 Months 2 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John Cook
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alfred Spriggs
(Address) 1020 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 5/10 1932

19. UNDERTAKER Samuel A. Hemsley
(Address) 528 Whitelock St.

Huntington Pharmacy, Reg. Embalmer

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5/1932

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1932 to 5/5 1932 that I saw h— alive on 5/6 1932 death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis
&
Uremia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Cook M. D.

(Address) 1324 Eutaw Pl

E 79565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79565

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals 17-24 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Williams

(a) Residence: No. 604 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Williams

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Asbury Williams

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cem. Date 5/12 1932

19. UNDERTAKER Samuel J. Hemsley
(Address) 528 N. Biddle St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932 to May 8, 1932
I last saw her alive on May 8, 1932 Death is said to have occurred on the date stated above, at 1:35 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr.	Jan 1932
Hypertension	" "

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Jas Arnold M. D.

(Address) Balto. City Hosp.

1-20—M. & T.—100 B—50L

E 79566

E 79566

93-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Hamilton

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5300 Holder Ave ST. 27-44 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Sommer

(a) RESIDENCE NO 5300 Holder Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Ernst Sommer

6 DATE OF BIRTH (month, day, and year) July 10/51

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	80	8 9	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schuverth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Conrad Young

(Address) 5300 Holder Ave

MAY 10 1932

Huntington Williams
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John H. Bauer, M. D. Coroner

5/9/32 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 5/10 1932

UNDERTAKER Ulrich Henry

ADDRESS 2016 Arlington Ave

Director

M. D. B. 1268-9

E 79567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79567

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Pat. Pk Ave St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Seitz

(a) Residence: No. 1112 N. Pat. Pk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Chas. Seitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Walter Link
(Address) 1112 N. Pat. Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 5/12 1932

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St.

20. Filed MAY 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Substernum	1 yr

Other contributory causes of importance:
Toxic Absorption Exhaustion Coma 5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Lee H M. D.

(Address) 4137 Roslyn Ave

Director

AACo. 5-11 250B

HEVER

79568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79568

V 59

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph Hosp (St.) 7-12 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charles Heuer

(a) Residence: No. 837 N. Milton Ave (St.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Minnie Heuer

6. DATE OF BIRTH (month, day, year): March 30-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER

13. NAME: Frederick Heuer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Minnie Heuer
(Address) 837 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loraine Cem. Date: May 12 1932

19. UNDERTAKER: George W. Zeibler
(Address) 1737 E. Eager St.

20. FILED MAY 10 1932 Huntington Williams, Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to May 9, 1932
last saw h[illegible] alive on May 9, 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy with hemiplegia	3 days

Other contributory causes of importance:

Diabetes Mellitus	?
Arteria-Selerio-Cardio	
vascular disease	

Name of operation: Cholecystotomy Date of: 5/6/32
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) St. Joseph Hosp.

P-Spec.—9-30—A. & Co.—250 Blks.

79569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79569

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Jefferson St. 7-9 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. C. Rockhold

(a) RESIDENCE NO. 1632 Jefferson St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 Life time ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer Frank Moore Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas L. Rockhold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Frederick Rockhold 1424 Hilton Ave Huntington Woods, Mich.

15 Filed MAY 10 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 32.

17

I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1932, to May 9th, 1932 - that I last saw h alive on May 5th, 1932 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Liver)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? /

(Signed) Robert S. Kirk M. D.

5/9 1932 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bello Cemetery

DATE OF BURIAL May 11 1932

20 UNDERTAKER Chas Hillings & Sons

ADDRESS 1124 Monument

MAY 10 1932

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79570

CERTIFICATE OF DEATH.

E 79570

82-1981

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1656 Cliftview ave (St.) (Ward) 9-45

2-FULL NAME Chas B Aspril

(a) RESIDENCE NO. (Usual place of abode) 1666 Cliftview ave ST. ..... WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year): Nov 6th 1839

7 AGE: 92 Years | 6 Months | 3 Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Odessa Del

PARENTS

10 NAME OF FATHER: John Aspril

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Ame Vandegrift

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Informant (Address): E Sherard Aspril Sr 1934 Harlem Ave Baltimore, Md

15 Filed ..... 19 .....

MAY 10 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9th 32 2:30 AM

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 V, 1930, to May 9, 1932

That I last saw h[illegible] alive on May 9, 1932

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. E. Heuer M. D.

May 9 1932 (Address) 1301 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Odessa Delaware — DATE OF BURIAL: May 12 1932

20 UNDERTAKER: Geo H Schilling — ADDRESS: 1124 E Monument

M. D. B. 1368-9

E 79571

79571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Scott St. 21-29 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pierre H. Briggs

(a) Residence: No. 1008 Scott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Margaret Briggs

6. DATE OF BIRTH (month, day, year) April 6, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 013

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos. Briggs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm Briggs

(Address) 753 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 11 1932

19. UNDERTAKER Harry W. Ethlen

(Address) 1944 W. Baltimore

20. FILED JUN 1 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/20/32 to 5/8/32 19...

I last saw him alive on 5/8/32 19... Death is said to have occurred on the date stated above, at 8:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
Other contributory causes of importance: Cardiac Asthenia	3 Mos.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. C. Hauck M. D.

(Address) 1424 W. Mulberry

Spec.—2-29-28—L. F. S.—500 Bks.

79572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79572

CERTIFICATE OF DEATH

131 V.

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Gough ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob W Miller

(a) RESIDENCE NO. 2217 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Miller

6 DATE OF BIRTH (month, day, and year) Dec 16 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	8	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Antone Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Josephine Zinkand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amelia Miller

(Address) 2217 Gough St

Filed MAY 10 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8-32

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 31, 19..., to 5/7/32, 19...

that I last saw him alive on 5/7/32, 19...

and that death occurred, on the date stated above, at 1 45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arteriosclerosis

Hypertension

(duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 1932 (Address) 3165 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL May 11 1932

20 UNDERTAKER M. W. E. Dippel Inc

ADDRESS 32 Lexington

Director

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79573

E 79573

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Reisterstown Road St., 15-54 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cardelia Elizabeth Reimsneider

(a) Residence: No. 3609 Reisterstown Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Valentine Reimsneider

6. DATE OF BIRTH (month, day, year) May 11, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... old
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sanford Mills

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lavina Davis

16. BIRTHPLACE (city or town) (State or country) Va,

17. INFORMANT Mrs. Edgar G. Kettlewood
(Address) 3609 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 11, 1932

19. UNDERTAKER Wm. Tickner & Sons
(Address) North & Penna Ave

20. FILED MAY 10 1932 Huntington Ave. Baltimore, Md. 5/9/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 7, 1932
I last saw h[illegible] alive on May 7 1932 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	May 6-32
Other contributory causes of importance:	
Chronic Nephritis	2 yrs

Name of operation None Date of .....
What test confirmed diagnosis? Clinical methods Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury None
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George C Shannon M. D.
5/9/32 (Address) 700 Fulton Ave

Pioneer

AACo. 5-11 250B

E 79574

E 79574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1082

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. # 1018 W. Lombard St., 18-29 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August P. Speiser

(a) Residence: No. # 1018 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Nellie Speiser

6. DATE OF BIRTH (month, day, year) July 29, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for City
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Christian Speiser
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Bertha Todd
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs James H Valentine
(Address) 1018 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 5/10/ 1932

19. UNDERTAKER John J Cowan & Son
(Address) 901 Baltimore St.

20. FILED MAY 10 1932 Huntington Williams, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/ 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932, to May 7 1932

I last saw him alive on May 7 1932 death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	5/2/32
Other contributory causes of importance:	
None	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Rosenthal, M. D.
5/10/32 (Address) 1 E. Eutaw St.

Director

AaCo. 5-31 250B

79575

E 79575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Ridgley St. 21-29 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Young

(a) Residence: No. 1232 Ridgley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/6/32

7. AGE

Years	Months	Days	If LESS than 1 day 14 hrs. 15 min.
—	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0 ab
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Joseph Young
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Viola May Knight
16. BIRTHPLACE (city or town) (State or country) Edenton Md

17. INFORMANT Viola May Knight
(Address) 1232 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 5-8-1932

19. UNDERTAKER ...
(Address) ...

20. FILED JUN 10 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1932 to 5/6, 1932

I last saw her alive on 5/6 1932 death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (36 wks.)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laura A. Lovejoy, M. D.
(Address) 1232 Ridgley St.

AACo. 5-31-2500

79576

E 79576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6729 Youngstown ave. St. 26-37 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antoni S. Michalski

(a) Residence: No. 6729 Youngstown ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) January 30-1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Michalski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen Binkowski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Helen Michalski
(Address) 6729 Youngstown ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date May 12th 1932

19. UNDERTAKER George A. Usher
(Address) 205 E. Lanvale street

20. FILED MAY 12 1932, 19 ..... Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/8/32, 19 ..... to 5/10, 19 32

I last saw h— alive on 5/10, 19 32 death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	5/8/32
as Bronchitis	2 days

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A. Tucker, M. D.

(Address) 316 S. Patterson ave

M. D. H. 1265-9

79577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79577.

CERTIFICATE OF DEATH

X 24

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 713 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Wilson Vernon Tucker

(a) Residence: No. 269 Hazelwood Ave St., Ward. Parkville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8th 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	8	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wilson Vernon Tucker

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Jackson

16. BIRTHPLACE (city or town) Augary. (State or country)

17. INFORMANT Louisa Jackson (Address) Hazelwood Ave Parkville Md.

18. BURIAL, CREMATION OR REMOVAL Place Holy Redmer Date May 13. 32

19. UNDERTAKER Frederick Lansdale & Son (Address) 7401 Belair Rd.

20. FILED MAY 10 1932 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932 to May 10, 1932

I last saw him alive on May 10, 1932 Death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	4/15/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Milton B. Christ M. D.

(Address) Sinai Hosp

M. D. H. 1268-9

79578 E 79578

252851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Parks

(a) Residence: No. 510 McMechen St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	SEPARATED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Va Date 5/10/32

19. UNDERTAKER Mrs. Lee H. Collard
(Address) 1621 Druid Hill Ave

20. FILED MAY 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1931, to May 9th, 1932

I last saw her alive on May 9th, 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	MAY 1931
Thyroidectomy	MAY 7th 1932

Other contributory causes of importance: Congenital heart disease

Name of operation Thyroidectomy Date of May 7th 1932

What test confirmed diagnosis? BMR Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address)

E 79579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 4-30 ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Cromwell

(a) Residence: No. Long Green Md St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie

6. DATE OF BIRTH (month, day, year) Nov. 27-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	50	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John H. Cromwell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Edwards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John H. Cromwell
(Address) 2306 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Long Green Date 5/12/1932

19. UNDERTAKER Mrs. Lee E. Coleman
(Address) 1631 Druid Hill Ave

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 9, 1932

I last saw him alive on 5/9/32, 19 ____. Death is said to have occurred on the date stated above, at 2 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Thoracic Aneurysm	5/7/32

Other contributory causes of importance:

Cause
Cardiac Hypertrophy

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Harry P. Wells, M. D.

(Address) University Hospital

M. D. B. 1268-9

79580 E 79580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sidney Pitman

(a) Residence: No. 315 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cutter in factory 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Fletcher Pitman

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Eliza Cattles

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date May 12, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Lanvale St.

MAY 10 1932 Williams, N. C.
(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932 to May 8, 1932

I last saw him alive on May 8, 1932 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

Empyema Z ooata — Date of onset 1928

Other contributory causes of importance: Bronchopneumonia — Date of onset 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ——— Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. H. Mytinger, M. D.

(Address) Johns Hopkins Hosp.

E 79581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mora Coates

(a) Residence: No. 909 Argyle Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 31, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Abraham Coates

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date May 10, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Arlington Ave. Baltimore Md.

20. FILED 5-31-1932 Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1932, to May 7, 1932

I last saw h in alive on May 7, 1932. Death is said to have occurred on the date stated above, at 2:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	2 yrs.
Arteriosclerosis	
Other contributory causes of importance:	
Chronic nephritis	2 yrs.

Name of operation — Date of —

What test confirmed diagnosis? Clinical exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo F. Lennox M. D.

(Address) Balto City Hosp.

MCo 5-11 2M

79582

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79582

CERTIFICATE OF DEATH

193-003

Registered No.

1. PLACE OF DEATH Maryland General (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-31 St. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Franks

(a) Residence: No. 12 R & Fork Church St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME Andrew Oates

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Margaret Oates

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bonaparte Date 5/11/32 19

19. UNDERTAKER Funk & Thompson
(Address) 703 E. Monument St.

20. FILED MAY 10 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/32

22. I HEREBY CERTIFY, That I attended deceased from 5/4/32, 19, to 5/9/32, 19

I last saw her alive on 5/9 1932 death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	30 years
Complete Heart block	3 weeks

Other contributory causes of importance:

Cardiac dilatation	1 1/2 hours

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert R. Chamberlain M. D.

(Address) Md. General Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

E 79583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79583

CERTIFICATE OF DEATH

92-001

1—PLACE OF DEATH

REGISTERED NO. 14-28

CITY OF BALTIMORE: (No.) 1521 (ST.) Johns (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecilia Maddock

(a) RESIDENCE NO. 1521 ST., Johns WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Maddock

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Seamstress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Dennis McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nora Walsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Mary I. Cook

(Address) 1521 Johns St.

15 Filed MAY 10 1932

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5, 9, 32

17 I HEREBY CERTIFY, That I attended deceased from April 20, 19 32, to May 9th 32

that I last saw her alive on May 8th 19 32

and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valv. Heart disease

(duration) 2 yrs. mos. ds.

Arteri-Sclerosis

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What diagnosis confirmed diagnosis? Clinical

(Signed) Wallace A. Meyer, M. D.

5/9, 19 32 (Address) 1031 N. Caroline St. Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: May 11, 1932

20 UNDERTAKER: Wm. Lorman & Sons

ADDRESS: 1 to 7 Light St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79584

CERTIFICATE OF DEATH

82 E 79584

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Hinkleton Rd St. 25-72 Ward)

Length of residenre in city or town where death occurred 75 yrs. ... mos ... ds How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph L Bullinger

(a) Residence: No. 3618 Hinkleton Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Bullinger

7. DATE OF BIRTH (month, day, year) Apr 20 - 1857

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	—	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 62

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John M Bullinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sarah Bullinger
(Address) 3618 Hinkleton Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date May 11. 1931.

19. UNDERTAKER John Leverich
(Address) 200 S Arlington Ave

20. FILED 1932 Huntington Williams N.D.
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 ..., 1932 to May 8. 1932

I last saw him alive on May 8 1932 death is said to have occurred on the date stated above, at 2:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 15. 32

Other contributory causes of importance:

arterio-sclerosis
Hypertension

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 3321 Eutaw Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79585

CERTIFICATE OF DEATH

59 E 79585

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophie Weglein

(a) Residence: No. 713 S. Elwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of Valentine A. Weglein

6. DATE OF BIRTH (month, day, year) May 12 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	11	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home w/fe 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Sophie Weglein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sophie Tiernan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT, Valentine A. Weglein
(Address) 713 S. Elwood St/c

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date May 12 1932

19. UNDERTAKER Cobb & Bozzuto
(Address) 15 W. Washington St Huntington Williams, W. Va.

20. DATE RECEIVED May 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH May 8

21. DATE OF DEATH (month, day, year) 5/8 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/28 1932 to 5/8 1932

I last saw h 22. alive on 5/8 1932 Death is said to have occurred on the date stated above, at 6.23 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928
Cardio-Vascular-Renal disease (uremia)	1916
Other contributory causes of importance: Infection of right hand & forearm	4/5/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Milton B. Marsh, M. D.

(Address) Sinai Hospital

AACo. 5-31 2508

79586 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 79586

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hosp St. 15-61 Ward)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 8 ds. How long in U.S. If of foreign birth 82 yrs. 6 mos. 8 ds.

2. FULL NAME Mrs Kate W Hunter.

(a) Residence: No. 3110 Clifton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Hunter

6. DATE OF BIRTH (month, day, year) Nov 2 1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) Never
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME (Father) Christopher Cookus
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME (Mother) Mary Neilson
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Kate C. Ehlenberger (niece)
(Address) 3110 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date 5/15 1932

19. UNDERTAKER Stewart Hearse Co
(Address) Baltimore Md

20. FILED 5-16-1932 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1932, to 5/10, 1932
I last saw her alive on 5/10 1932, death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	—
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andrew E. Coles, M. D.
(Address) Bon Secours Hosp

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79587

CERTIFICATE OF DEATH

46 E 79587

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 16-22 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Dotson (Alfred J. Dodson)

(a) Residence: No. 1137 N. Gilmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 ?	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (40)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Md.

FATHER

13. NAME Jack

14. BIRTHPLACE (city or town) ?
(State or country) ?

MOTHER

15. MAIDEN NAME Julia Dorsey

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION OR REMOVAL.
Place Mt. Auburn Cem Date May 11, 32

19. UNDERTAKER Thomas E. Kelly
(Address) 1305 Presstman St

20. FILED 1932 Hunterton Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to May 8, 1932

I last saw h. im alive on May 8, 1932. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	6 mos.
Other contributory causes of importance: Anaemia, secondary	unknow

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79588

CERTIFICATE OF DEATH

E 79588

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (Odd Fellow Hall McCulloh St.) St., 18-29 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Nelson

(a) Residence: No. 843 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5-1876

7. AGE: Years 56 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) Week Ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson Va

13. NAME Peter Rucker Sr

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sophia Rucker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Beatrice Golden
(Address) 3002-9-Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington Del. Date 9 11 1932

19. UNDERTAKER Walter B. Sprigg
(Address) 3901 Hamilton St
Huntington Woods, N.Y.

1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... Coroner

(Address) ..... M. D.

Spec—9-30—A. & Co.—250 Bks

172-001 ✓

79589 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79589

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary St. 9-45 WARD)

2-FULL NAME Mrs Ethel McTull

(a) RESIDENCE NO. Sydenham Hospital ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Dr Myrow G. Tull

6 DATE OF BIRTH (month, day, and year) May 30th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Dr Wm P. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Carrie M. Steigelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Interment (Burial) Dr Myrow G. Tull

15 May 13 1932, 19 Sydenham Hospital

Undertaker Huntington Williams, N.P. Registrar
A. E. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 1932

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 10, 1932

that I last saw h e r alive on May 10, 1932

and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Paralytic ileus, following operation for ventral hernia repair and appendectomy.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (secondary) Myocardial failure (duration) yrs. mos. 1 ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/3/32

Was there an autopsy? No.

What test confirmed diagnosis? Physical & lab exam.

(Signed) Richard O. Hanner M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 5/13/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79590

CERTIFICATE OF DEATH

E 79590

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3637 Philadelphia Ave Ward)
Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Amelia Chronister Hampton Penna,
(a) Residence: No. 3637 Philadelphia Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert S. Chronister

7. DATE OF BIRTH (month, day, year) Aug 16, 1860

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hampton Penna

13. NAME John E. Chronister

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Hannah Macroy

16. BIRTHPLACE (city or town) (State or country) Scotland Penna

17. INFORMANT Albert S. Chronister
(Address) 3637 Philadelphia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place York Pa Date 5/11/ 1932

19. UNDERTAKER William Cook
(Address) 1211 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to May 10 1932
I last saw her alive on May 9 1932 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Diabetes Mellitus 2	?
Arterial Hypertension	?
Arterio sclerosis	1

Other contributory causes of importance:
Senility

Name of operation No Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. R. Johnson M. D.
(Address) 406 Medical Arts Bldg

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79591

CERTIFICATE OF DEATH

23 E 79591

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. Fort Ave St. 23-31 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Purdy

(a) Residence: No. 128 W. Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry B Purdy

7. DATE OF BIRTH (month, day, year): Nov 23, 1888

8. AGE — Years: 43 | Months: 5 | Days: 15 | If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Charles T. Pitcher

14. BIRTHPLACE (city or town) (State or country): Harpers Ferry W Va

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Harry Purdy
(Address): 128 W Fort Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Moreland Memorial Park Date May 11, 1932

19. UNDERTAKER: H. Howard Evans
(Address): 38 E Fort Ave

20. FILED: 01932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931 to May 8, 1932

I last saw her alive on May 7, 1932 death is said to have occurred on the date stated above, at 10:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 10/1/31
Other contributory causes of importance: Exhaustion	5/6/32

Name of operation None Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. S. Carcopbell M. D.

(Address) 1644 Hanover St

AACo. 5-31 2000

(Poarch)

79592 HEALTH DEPARTMENT CITY OF BALTIMORE

E 79592

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 48

CITY OF BALTIMORE: (No. ..... St. 9-16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Poarch

(a) Residence: No. 1627 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Poarch

7. DATE OF BIRTH (month, day, year) June 24 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	? 10	? 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Jorge W. Bruntam

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Emma J. Dixon

16. BIRTHPLACE (city or town) (State or country) Hamilton, Md.

17. INFORMANT Richard Poarch
(Address) 1631 Lavant Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Moriah Date May 12 1932

19. UNDERTAKER John C. Miller
(Address) 2435 E Oliver St

20. FILED 5-13-1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28-31, 19, to 5-9-32, 19
I last saw h[illegible] alive on 5-9-32, 19 death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Carcinoma of Cervix	8-15-30
(Other contributory causes of importance:) Bronchopneumonia	5-1-32

Name of operation None Date of —
What test confirmed diagnosis? C.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Linder, M.D.
(Address) Balt City Hospitals

M. D. R. 1268-9

79593 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 79593

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb). V 23 4-25

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kazirnieras Matulaitis

(a) Residence: No. 110 N. Green st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seam presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 12, 1932

19. UNDERTAKER Chas B. Ruchauckas
(Address) 637 S Paca St. Md.

20. FILED May 11 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1931 to May 8, 1932
I last saw him alive on May 8, 1932. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	9 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence A. Lepa M. D.
(Address) Baltimore City Hospitals

E 79594

79594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 54

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ....., St., ... (Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Podolsky

(a) Residence: No. 2020 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Podolsky

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tect
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Podolsky - Wife
(Address) 2020 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmer Circle Date 5-11-, 1932

19. UNDERTAKER Roy Lewis Inc
(Address) 1734 E. Baltimore St

20. FILED 5 11 1932 Hermitage Funeral Parlors N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 10, 1932
I last saw him alive on May 10, 1932 death is said to have occurred on the date stated above, at 3:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unknown
Chronic Nephritis	

Other contributory causes of importance:

Uremia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.
(Address) West Baltimore General Hospital

M. D. R. 1268-9

E 79595

E 79595 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7.9595

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 S. Caroline St. 3-4 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Luckman

(a) Residence: No. 34 S. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) R.

MOTHER

13. NAME Kohrman

14. BIRTHPLACE (city or town) (State or country) R.

15. MAIDEN NAME Kohrman

16. BIRTHPLACE (city or town) (State or country) R.

17. INFORMANT Celia Luckman
(Address) 34 S. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 5-12-32 19

19. UNDERTAKER Jack Lewis
(Address) 1439 E. Lanvale St.

20. FILED 5-12-32 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to May 11 1932

I last saw him alive on May 10 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	

Other **contributory causes** of importance:

Acute Coronary Thrombosis

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19....

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.

(Address) 1420 E. Belle St.

D. B. 1268-9

79596

E 79596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1008 Shield St., 17-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos Covington

(a) Residence: No. 1008 Shield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 19-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yes

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thos Covington

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Ware

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Albert Covington

(Address) 2123 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park National or Date May 12 1932

19. UNDERTAKER Joseph A. Lively

(Address) 419 N. Mount St.

Huntingtown Williams, N.C.

MAY 11 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Spec.—1-30—M. & T.—250 Bks.

79597 E 79597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Walbrook Ave ST., 15-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonidas C. Crump

(a) RESIDENCE NO. 3100 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 29 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Millville

(State or country) New Jersey

10 NAME OF FATHER Mehrine St. Crump

11 BIRTHPLACE OF FATHER (city or town) Franklin

(State or country) Tennessee

12 MAIDEN NAME OF MOTHER Blanche Hess

13 BIRTHPLACE OF MOTHER (city or town) Millville New Jersey

(State or country)

14 Informant Melvin W. Crump

(Address) 3100 Walbrook Ave

15 Filed 11 1932 Huntingtown Williams ND Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from Apr. 23rd, 1932, to May 10th, 1932,

that I last saw her alive on May 10th, 1932,

and that death occurred, on the date stated above, at 3:30A m.

The CAUSE OF DEATH* was as follows:

Carditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Rheumatic fever

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Dr. Paul Byerly, M. D.

19 (Address) 804 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Everett R A

DATE OF BURIAL May 12 1932

ADDRESS

20 UNDERTAKER Josiah Lyford Hood Norwalk Ave

D. B. 1268-9

79598 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79598

CERTIFICATE OF DEATH

210-002

Registered No. 17-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Travers Tucker

(a) Residence: No. 605 N. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col.	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola Tucker

DATE OF BIRTH (month, day, year) Nov. 2, 1889.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vaudeville
10. Date deceased last worked at this occupation (month and year) Present
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

13. NAME Richard A. Tucker

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Josephine Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Vatteen Howard
(Address) 605 N. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 10 1932

19. UNDERTAKER Wm. A. Upshur
(Address) 600 Cathedral St.

20. FILED May 11 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry & autopsy 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver	5/8/32
Intra-abdominal hemorrhage	

Other contributory causes of importance:

Automobile accident

Name of operation no Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/8 1932
Where did injury occur? Belair Rd. & Gunpowder (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto overturned
Nature of injury crushing

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ---

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

Spec.—8-30—A. & Co.—250 Bks.

79599 E 79599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3552 Roland Ave. St. 13-52 Ward)

2 FULL NAME William J. Simkin

(a) RESIDENCE NO. 3552 Roland Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Simkin

6 DATE OF BIRTH (month, day, and year) July 5 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Painter 50

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Samuel Simkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Emma Fulty.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1932

17

I HEREBY CERTIFY, That I attended deceased from Apr 26, 1932, to May 10, 1932

that I last saw him alive on May 10, 1932

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? X Ray

(Signed) C. H. Bedenbaugh M. D.

May 19 32 (Address) 850 N. 36th

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

14 Interment (Address) Mary Simkin 3552 Roland Ave.

15 MAY 11 1932

Huntington Williams, M.D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

20 UNDERTAKER Thanowetz Son

DATE OF BURIAL May 13 1932

ADDRESS 2415 Eastern Ave.

H. D. B. 1268-9

79600 HEALTH DEPARTMENT—CITY OF BALTIMORE 79600

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 W. Franklin St.) 20-27 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie D. Walters

(a) Residence: No. 1838 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 30, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Walters

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Wesselman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louisa Wesselman
(Address) 1834 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL. Date May 11, 1932
Place London Park

19. UNDERTAKER Mrs. Mrs. John H. Pufel Son
(Address) 801 W. Fayette St.

Registrar

MAY 11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1932 to May 9th, 1932

I last saw h... alive on May 9, 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5 years
	?
Other contributory causes of importance:	
Dementia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. A. McCreary M. D.

(Address) 400 N. Payson St.

5/10/32

M. D. B. 1268-9

79601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 79601

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Patapsco St. 23-33 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa E. Fontz

(a) Residence: No. 1227 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Fontz

6. DATE OF BIRTH (month, day, year) May 1. 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Emil C. T. Michaelo

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret E. Jones.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John H. Fontz
(Address) 1227 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date May 14. 1932

19. UNDERTAKER Mr & Mrs. John H. Pedgett & Son
(Address) 801 W Fayette St.

20. FILED MAY 14 1932 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1932 to May 11 1932

I last saw her alive on May 10 1932 Death is said to have occurred on the date stated above, at 12.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	5/5/32
Chronic int nephritis	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Wm. C. Stifler, M. D.

(Address) 1819 Light St

M. D. B. 1268-9

79602

HEALTH DEPARTMENT—CITY OF BALTIMORE 79602

CERTIFICATE OF DEATH

70-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Samuel Truszkowski

(a) Residence: No. 710 So. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Samuel Truszkowski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Truszkowski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Truszkowski Mother
(Address) 710 S Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date May 12. 1932

19. UNDERTAKER John McAleer
(Address) 401-403 Gilmor St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25. 1932 to May 10 1932

I last saw him alive on May 10. 1932 Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemophilia	Nov. 1931
Other contributory causes of importance:	
Cerebral Hemorrhage	Apr. 24. 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry S Shelley, M. D.
Director

(Address) University Hospital

AACo. 5-31 2500

E 7.9603

9603 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

161-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3195 Monroe St. 19-28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Brown

(a) Residence: No. 3195 Monroe St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 5-10-32

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 53 min.
—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Leo Brown

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Elsie Brown

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Mrs Elsie Brown
(Address) 319 So Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 5/11/1932

19. UNDERTAKER Hunt Edwards & Son
(Address) 908 Baltimore St.

20. FILED 5/11/1932 Huntington Williams Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1932 to 5/10, 1932

I last saw h[illegible] alive on 5/10 1932 death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Autopsy & Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis H. Lockgrass M. D.
(Address) 1502 Druid Pk.

Spec.—9-30—A. & Co.—250 Bks

E 79604

E 79604

HEALTH DEPARTMENT—CITY OF BALTIMORE

V115-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 1123 Sarah Ann st (Ward) 16-26

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Josephine Mateland

(a) RESIDENCE NO. 1123 Sarah Ann st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Abl life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Mateland

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma Wright
(Address) 1129 Sarah Ann st

15 DATE RECEIVED 1932 Huntington Williams M.D.
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-'32

17 I HEREBY CERTIFY, That I attended deceased from June 30th 1932, to May 10th, 1932

that I last saw her alive on May 10th, 1932

and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Peritonsular abscess

(duration) ... yrs. ... mos. 11 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J Jackson M. D.

5/11/32 (Address) 1631 W. Franklin st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	May 12 1932
20 UNDERTAKER	ADDRESS
Lemuel W. Hood & Son	638 W. Pitts

H. D. B. 1268-0

79605 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79605

CERTIFICATE OF DEATH

Registered No. 11-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wadleigh Lapelsait

(a) Residence: No. 231a California Ave. N.W. St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Leon M. Wadleigh Lapelsait.

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Elizabeth Lancaster.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Lincoln Md. May 15 1932

19. UNDERTAKER Stevens & Howes Co
(Address) Washington, D.C.

20. FILED 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1932 to May 10th 1932

I last saw h alive on May 10th 1932. Death is said to have occurred on the date stated above, at 11 27 P m.

The principal cause of death and related causes of importance were as follows:

Brain Abscess — Date of onset Sept 1931
B. Influenza

Other contributory causes of importance:

none

Name of operation Trephination Date of 11-12-31

What test confirmed diagnosis culture? was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W. Weil M. D.

(Address) Johns Hopkins Hosp

9606 — Supt. — 10-31—M&T—1500 Pks.

E 79606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 108 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 55-17 Maryleat (St.) (27-54 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Henry Lisle Marshall

(a) RESIDENCE NO. Westminster (St.) Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Sara L. Matilda Marshall

6 DATE OF BIRTH (month, day, and year) Feb 10, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Hampstead Md.

PARENTS

10 NAME OF FATHER Thomas Lewis Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hampstead Md.

12 MAIDEN NAME OF MOTHER Laura Ann Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Sara L. Marshall

(Address) Westminster Md.

15 Filed May 12 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 2nd, 1932, to May 10, 1932.

that I last saw ~~him~~ alive on May 10, 1932.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) H. L. Feegan M. D.

5-10, 1932 (Address) 520 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster, Md. DATE OF BURIAL May 13 1932

20 UNDERTAKER J. Francis Reese Westminster Md.

ADDRESS

F. D. B. 1268-9

79607 HEALTH DEPARTMENT—CITY OF BALTIMORE V E 79607.

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Sumter Ave St. 2756 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lalla Rowe Gray

(a) Residence: No. 3103 Sumter Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Gray

6. DATE OF BIRTH (month, day, year) Oct. 6. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glouster Co. Va.

FATHER

13. NAME John William Massie

14. BIRTHPLACE (city or town) (State or country) Glouster Co. Va.

MOTHER

15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (city or town) (State or country) Glouster Co. Va.

17. INFORMANT Eva Rowe Scott
(Address) 3103 Sumter Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Glouster Co. Va Date May 14, 1932

19. UNDERTAKER Mary P. Thomas & Son
(Address) 4204 Ridgewood Avenue

20. FILED May 14 1932, 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10- 32 to May 11, 1932

I last saw her alive on May 10 1932 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis R Date of onset
Pneumonia Lobar Right

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Jeffries M. D.

(Address) 403 United Arts Bldg.

E 7.9608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Riggs Ave. St., 16-22 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Held

(a) Residence: No. 1811 Riggs Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Christina Held

DATE OF BIRTH (month, day, year) April 4, 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R.R.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. NAME Henry Held

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Christina Held 1811 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 13, 1932

19. UNDERTAKER Robert S. Teale
(Address) 2700 Edmondson Ave.

20. FILED ..... 1932 ..... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 10, 1932
I last saw him alive on May 10, 1932 death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis	Unknown

Other contributory causes of importance:

Acute Indigestion	1 day,

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. C. Conser, M. D.
(Address) 1101 N. Fulton Ave.

E 79609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79609

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals 17-24

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William King

(a) Residence: No. 1101 Etting St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year): May 24, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52 ?	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Columbia N.C.

13. NAME: Wash King

14. BIRTHPLACE (city or town) (State or country): ? Md.

15. MAIDEN NAME: Aveline Nelson

16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT: Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER

(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to May 9, 1932

I last saw him alive on May 9, 1932. Death is said to have occurred on the date stated above, at 4:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Jan 1932

Other contributory causes of importance: myocardial insufficiency May 23 (2) congestive

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

5-10-32 (Signed) Elias Highbyger Jr. M. D.

(Address) Balto. City Hosp.

79610 E 79610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 93-003.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St., 26-27 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ? yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ben Booker

(a) Residence: No. Rossville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) May 16, ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 ?	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto. Buck Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va.

13. NAME Ben

14. BIRTHPLACE (city or town) (State or country) ? S.C.

15. MAIDEN NAME Sally Brown

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date MAY 11 1932 19

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED MAY 11 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 32

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1931 to May 8, 1932

I last saw him alive on May 8, 1932 Death is said to have occurred on the date stated above, at 8:05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	July 1930
Hypertension & Arteriosclerosis	
Other contributory causes of importance:	
Hemorrhage into Cerebrum	1 dy

Name of operation none Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo Glenn M. D.

(Address) Balto. City Hosp.

I. D. B. 1-32

79611

E 79611

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 5-9 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Bundy

(a) Residence: No. 1407 Ten Pin Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie

DATE OF BIRTH (month, day, year) March 9, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

13. NAME Major Bundy

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Ammie ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL MAY 11 1932 Date ..... 19.....

19. UNDERTAKER (Address)

MAY 11 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to May 8, 1932

I last saw him alive on May 8, 1932 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	[illegible] 30
Other contributory causes of importance: uremic coma	failure 4.1.32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

5-10-32 (Signed) Clem A. Lyght Jr. M. D.

(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND

79612 E 79612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH Balto. City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-8 ..... Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Newman

(a) Residence: No. 1139 McElderry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widower

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Newman

7. DATE OF BIRTH (month, day, year) May 7-1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Westmoreland Co. (State or country) Va

13. NAME Manuel Newman

14. BIRTHPLACE (city or town) Westmoreland Co (State or country) Va.

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) Westmoreland Co (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date MAY 11 1932 19.....

19. UNDERTAKER .....
(Address)

MAY 11 1932 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-5 1932 to 5-6 1932

I last saw h~~e~~ alive on 5-6 1932 death is said to have occurred on the date stated above, at 3 30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Urethral stricture	?
acute urinary retention	?
Other contributory causes of importance:	
Uremia	?

Name of operation no Date of —

What test confirmed diagnosis? CF Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Luther E. Little, M.D.
(Address) Balto City Hospitals

FILED MAY 11 1932 19.....
Registrar.
Director

-30—M. & T.—100 B—50L

79613

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 79613

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 219 Penn ST. 22-30 WARD

2-FULL NAME James Wm. Johnson

(a) RESIDENCE NO 219 Penn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	3	9+	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Branch

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Florence Boardley

(Address) 724 W Lanvale St

15 Filed MAY 11 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9- 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Gilbert, M. D. Coroner

Dec. 19 32 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 11, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Scrivener St

79614 E 79614

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hospital St., 24-33 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Shutt

(a) Residence: No. South Balto Gen Hospital St., ... Ward. Hagerstown Md
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 30-32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	3 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) South Balto Gen Hosp
(State or country)

13. NAME H. F. Shutt

14. BIRTHPLACE (city or town) Balto
(State or country) md.

15. MAIDEN NAME Mary Myers

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT — Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Interment Date 5-3- 1932

19. UNDERTAKER —
(Address)

20. FILED 5-4 1932 Huntington W. Va. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3- 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-30 —, 1932 to 5-3 —, 1932
I last saw him alive on 5-3 —, 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. R. Feman, M. D.
(Address) South Balto Gen. Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 E 79615

CERTIFICATE OF DEATH

79615

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 McCulloh St. H-70 (Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Green

(a) Residence: No. 1721 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed or divorced ~~HUSBAND of~~ WIFE of Julius Green

DATE OF BIRTH (month, day, year) [illegible] 1861

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 90

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

12. BIRTHPLACE (city or town) (State or country) Raleigh N. Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah Matthews

(Address) 1721 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 5-12, 1932

19. UNDERTAKER Geo. R. Gibson

(Address) 47 Huntington Ave. Boston, Mass.

20. Filed ..... 1932 ..... 19 ..... (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 23 1932 to May 9 1932

I last saw her alive on May 9 1932 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
DR 1931	
Brain Hemorrhage	4/23/32

Other contributory causes of importance:

None of

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Lee Rees M. D.

(Address) 924 Madison Ave

LACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79616

CERTIFICATE OF DEATH

E 79616

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kirkleigh Villa St. 27-49 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CLAUDIA VALDEZ

(a) Residence: No. Kirkleigh Villa -4301 Roland Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of :::

DATE OF BIRTH (month, day, year) Oct. 29- 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cuba

13. NAME Juan Valdez

14. BIRTHPLACE (city or town) (State or country) Cuba

15. MAIDEN NAME Dolores Valdez

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Dr. Andre L. Stanler
(Address) 1002 Wilson Ave. Chicago

18. BURIAL, CREMATION, OR REMOVAL
Place Chicago Ill Date May 11, 1932

19. UNDERTAKER H. C. Ernst & Son
(Address) 18 W. 18th Chicago Ill

20. FILED 1932 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 11, 1932
I last saw h[illegible] alive on May 11, 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Interstitial nephritis	
Chronic Hypertension	
Other contributory causes of importance:	
Cardio renal disease	about 7 yrs

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) Vernon J. Kelly M. D.
(Address) 608 Somerset Road

AaCo. 5-31 250B

79617

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 79617

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Druid Hill St., 13-54 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Lee Williams

(a) Residence: No. 2430 Madison Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ala.
(State or country)

13. NAME Louise Williams

14. BIRTHPLACE (city or town) Ala.
(State or country)

15. MAIDEN NAME Jessie McLester

16. BIRTHPLACE (city or town) Ala
(State or country)

17. INFORMANT Caroline Arnold
(Address) 2430 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date May 4th 1932

19. UNDERTAKER Archibald D. Riggs
(Address) 1840 McCulloh St.

20. FILED 1932 Hattie Williams Registrar.
P. P. P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1932, to 5/10, 1932

I last saw her alive on 5/10, 1932, death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. Krutte, M. D.

(Address) 2124 E. Lanvale

ec.—1-30—M. & T.—250 Bks

79618

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79618

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No 1006 N. Chapale St ST., 7-13 WARD)

2-FULL NAME Bernard Hajek.

(a) RESIDENCE NO. 1006 N. Chapale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Adele Hajek.

DATE OF BIRTH (month, day, and year) July 18. 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	yrs.	9 Mly	23.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor. 180

(b) General nature of industry, business, or establishment in which employed (or employer) Schloss Bros.

(c) Name of employer " "

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER James Hajek.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Balacek.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant Henry Hajek.

(Address) 1006 N. Chapale Ste.

Filed 1 1 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 32

17 I HEREBY CERTIFY, That I attended deceased from May 7, 19 32, to May 11, 19 32,

that I last saw h[illegible] alive on May 11, 19 32,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilat.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

May 11, 19 32 (Address) 801 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL May 15 1932

20 UNDERTAKER August Tasek 240

ADDRESS Ashland ave.

A&Co. 5-31 250B

79619 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-0 E 79619

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2552 Frederick St. 20-64 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 18 yrs. ... mos. ... ds.

2. FULL NAME Louis Kastner

(a) Residence: No. 2552 Frederick St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Man	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Kastner

7. DATE OF BIRTH (month, day, year) Aug 14 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Peter Kastner
(Address) 2552 Frederick St

18. BURIAL, CREMATION, OR REMOVAL
Place Greene Hill Cem. Date May 13th 1932

19. UNDERTAKER Chas. W. Fell.
(Address) 309 Frederick Ave.

20. FILED 1 1932 Hunter Williams M.D. Registrar.
A.C.H. 7 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 May, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 May, 1932, to 10 May, 1932

I last saw h[illegible] alive on 10 May, 1932, death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocard. deg. (Rheumatic)	Dk
Other contributory causes of importance: Acute Bronchitis	4 days.

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. Nash, M. D.
(Address) 2563 Madison

LaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9620

CERTIFICATE OF DEATH

107 - E 79620

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1520 N. Gay St. 8-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John D. Caldwell

(a) Residence: No. 1520 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna B. Caldwell

7. DATE OF BIRTH (month, day, year) Mar. 4th 1873

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	12	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto accessories

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) City
(State or country)

13. NAME John Caldwell

14. BIRTHPLACE (city or town) City
(State or country)

15. MAIDEN NAME Mary Beard

16. BIRTHPLACE (city or town) City
(State or country)

17. INFORMANT J. D. Caldwell
(Address) 1520 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Woodland Memorial Cemty Date 5/11 1932

19. UNDERTAKER E. J. Cunningham
(Address) 1936 Lafayette Ave

20. FILED 1932 Huntington Williams, M.D. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1932 to May 9th 1932

I last saw him alive on May 9 1932 death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	May 7/32
Other contributory causes of importance:	

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Caldwell M.D. M. D.

(Address) 157 N. Patterson Park Ave

79621 E 79621

F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Asalie ST., 22-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan Robinson

(a) RESIDENCE NO. 526 Asalie ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Richard Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mary Lowe

(Address): 528 Hampton st

12 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 32

17 I HEREBY CERTIFY, That I attended deceased from April 25, 19 32, to May 10, 19 32, that I last saw h alive on May 7, 19 32 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Pul m. Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed May 10 32 J Howard Foyette M. D.

, 19 (Address) 1439 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 5-12 1932

20 UNDERTAKER

ADDRESS

Director

D. H. 1268-9

79622 E 79622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 509 Baker St., 14-54 (Ward) 165

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Conner

(a) Residence: No. 509 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Laura Conner

7. DATE OF BIRTH (month, day, year) 1871

AGE 61 Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Laura Conner
(Address) 509 Baker

18. BURIAL, CREMATION, OR REMOVAL
Place Century Cem Date 5/13, 1932

19. UNDERTAKER Samuel H Hemsley
(Address) 578 N Gilmor

FILED MAY 12 1932 Hunting for Williams Jr
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932

I last saw h alive on May 7, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide, Strangulation by Hanging Sudden

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1932

Where did injury occur? 509 Baker
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leuk, M. D.
Coroner

(Address) Coroner

79623

E 79623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St. 14-20 (Ward)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Phillips

(a) Residence: No. 527 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, OH

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Richard Phillips Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Virgie Keeling

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Phillips
(Address) 527 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/12 19 32

19. UNDERTAKER Samuel Weinsteler
(Address) 528 N Bond St

20. FILED 1932 Wilmer Hitzrot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6 mos
Uremic Coma	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Lewis M. D.
Coroner
(Address) .....

E 79624

79624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Plezy King Simmons

(a) Residence: No. 1842 Lorman St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Evg. Ch.

DATE OF BIRTH (month, day, year): Apr 2 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Apl 32

11. Total time (years) spent in this occupation: 2a

12. BIRTHPLACE (city or town) (State or country): Pulaski Va

13. NAME: Wm Simmons

14. BIRTHPLACE (city or town) (State or country): Pulaski Va

15. MAIDEN NAME: Bertie Scaggs

16. BIRTHPLACE (city or town) (State or country): Pulaski Va

17. INFORMANT: Bertie King.

(Address): 1842 Lorman

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 5/12 1932

19. UNDERTAKER: Chas G. Cooper

(Address): 5142 Calhoun St

20. FILED 12 1932 Hunter for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Died ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Cerebritis and Septic Pneumonia due to Pistol Wound	10 Days

Other conditions contributing but not related:

Name of operation: ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Apr 18 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. E. Link M. D.

Coroner

(Address) 1732 Eutaw

ACo. 5-11-2000

79625

E 79625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1906 E. Lafayette Ave (St.) (Ward)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 9 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Murray

(a) Residence: No. 1906 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Mar 31st 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Murray

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ann Mc Elroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Edward F. Murphy

(Address) 1021 W Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/13/ 1932

19. UNDERTAKER John F. Cowan & Son

(Address) 26 W Lafayette St

FILED MAY 12 1932, 19... Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 9, 1932

I last saw h.. alive on May 9, 1932 death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/1/32

Other contributory causes of importance:

Chronic Nephritis	1 year

Name of operation None Date of —

What test confirmed diagnosis? Clinic (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was illness or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ..., M. D.

(Address) ...

E 79626

E 79626 (B—50L

Negro

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 V

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1208 So Gilmor ST. 14-28 WARD)

2-FULL NAME Harry Mc Gary

(a) RESIDENCE NO 208 So Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 16th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	0	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry Mc Gary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Lubritton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Mary Gadogan

(Address) 222 So Gilmor St.

15 Filed 5-12, 1932 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10/ 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

5/11, 1932 (Address) 203 Calapooia Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 5/14/ 1932

ADDRESS Govanstown

20 UNDERTAKER John J. Govan & Son

9627

E 79627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

Registered No. 15-62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3521 Wabash Ave Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Worth.

(a) Residence: No. 3521 Wabash Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L Worth

DATE OF BIRTH (month, day, year) See 231874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Covington Ky

13. NAME Patrick Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Carey

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Virginia Worth

(Address) 3521 Wabash Ave

BURIAL, CREMATION, OR REMOVAL

Place Cincinnati O. Date May 12 1932

UNDERTAKER Jos Fuchs Sons

(Address) North & Pratt Sts.

FILED 5-12 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1932, to 5/11, 1932

I last saw her alive on 5/11, 1932. Death is said to have occurred on the date stated above, at 12.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/29/32
Hemiplegia	5/11/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hyamberg, M. D.

(Address) 2320 Eutaw Pl.

9628 OR

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79628

CERTIFICATE OF DEATH

X 46v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-17 Ward)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 11 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Oberlander

(a) Residence: No. Harford Road, Manor Rd, Hillsdale, Md Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feby. 9 1862

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo C Oberlander

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs F Oberlander
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathews Date May 13 1932

19. UNDERTAKER John Ecker
(Address) 1222 Edmondson Ave

20. FILED May 12 1932 Huntington Williams, M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to May 11, 1932

I last saw him alive on May 10 1932 death is said to have occurred on the date stated above, at 2.40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy liver	
Cirrhosis	over
Other contributory causes of importance:	
Myocarditis	
Hernia.	

Name of operation Exploratory Lap. Date of

What test confirmed diagnosis? Was there any autopsy? No.

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ..... M. D.

(Address) St Joseph's Hosp

aCo. 5-31 250B

79629

HEALTH DEPARTMENT—CITY OF BALTIMORE

1072 or E 79629

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1409 Forrest Hill Ave St., (Ward) 72

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Leon Tarum

(a) Residence: No. 1409 Forrest Hill St, Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 8 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Hasel A Tarum

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Helen L Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hasel A Tarum
(Address) 1409 Forrest Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 13 1932

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ... 19 ... Huntington Williams, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8 1932, to May 10 1932
I last saw him alive on May 10 1932 death is said to have occurred on the date stated above, at 10 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Interstitial Lobar Emphysema	
Other contributory causes of importance	
Acute Endocarditis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Norbert E Peters, M. D.
(Address) 2151 Wilkins Ave

E 79630

John B. Deming

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1108

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 W. 39th St.) (or) (St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John B. Deming

(a) Residence: No. 203 Club Rd St., ... Ward. Balt (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6. DATE OF BIRTH (month, day, year) May 25 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 yrs	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cattletsburg Ky

13. NAME of Father John C Deming

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of Mother Sarah Olmstead

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John A. Deming
(Address) 203 Club Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 13 1932

19. UNDERTAKER Wm. C. Waterfall & Sons
(Address) 1000 Eutaw Place

20. FILED 12 1932 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26 1932 to May 11 1932

I last saw h in alive on May 11 1932 death is said to have occurred on the date stated above, at 11.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure associated with Pneumococcus Emphysema	over
Other contributory causes of importance Multiple abscesses of Rt Kidney. Cystitis	Date of 3-7-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard Francis, M. D.

(Address) Union Memorial Hosp

79631 E 79631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Hospital 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St., 8-17 Ward)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Russell Bull

(a) Residence: No. 2026 W Lanvale St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 5th 1917

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Schools
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Russell Bull

14. BIRTHPLACE (city or town) Forest (State or country) Md

15. MAIDEN NAME Edith Underdue

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Russell Bull Sr
(Address) 2026 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/14 19 32

19. UNDERTAKER Wm H. Gaither & Son
(Address) 1317 Eutaw St

20. FILED MAY 12 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11/32 19

22. I HEREBY CERTIFY, That I attended deceased from 5/1/32, 19, to 5/11/32, 19
I last saw h[illegible] alive on 5/11/32 19 death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	
Streptococcic Septicemia	
Lobar Pneumonia Left Lung	
Pulmonary Collapse	

Other contributory causes of importance:

Name of operation Appendectomy Date of 5/9/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John K Rollins M. D.
(Address) W&G Hosp.

E 79632

E 79632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1314

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home and Infirmary 6-10 WARD)

2 FULL NAME Mrs. Katie Davis

(a) RESIDENCE No 13 N. Bradford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Davis

DATE OF BIRTH (month, day, and year) Sept 12 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Robert Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Julia Longworth

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

Informant (Address) Church Home & Infirmary

Filed , 19 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1932

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1932, to May 11, 1932

that I last saw her alive on May 11, 1932

and that death occurred, on the date stated above, at 6:22 A m

The CAUSE OF DEATH* was as follows:

HYPERTENSIVE CARDIO VASCULAR
RENAL DISEASE
CHRONIC MYOCARDITIS

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) FIBRO-MYOMA OF UTERUS WITH SECONDARY ANEMIA

(duration) 1 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? HISTORY PHYSICAL EXAMINATION

(Signed) J. Frank Speight M. D.

May 11, 1932 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: May 14 1932

20 UNDERTAKER: Mrs. C. Miller & Son

ADDRESS: 2324 Jefferson St.

E 79633

Co. 5-31 2500

79633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10-14 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick McLaughlin

(a) Residence: No. 1218 Valley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Catherine McLaughlin

6. DATE OF BIRTH (month, day, year) Feb 13 1868 Not Known

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 68	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Patrick McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Catherine McLaughlin

(Address) 1218 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date May 14 1932

19. UNDERTAKER Hersey & Couch Bros. Co.

(Address) 1321 E. Eager St.

MAY 12 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to May 11 1932

I last saw him alive on May 11 1932 death is said to have occurred on the date stated above, at 6:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Cardio-Vascular renal disease	?
Other contributory causes of importance: Organic Myocardial Failure Uremia	4 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Cunningham M. D.

(Address) St. Joseph's Hosp.

Co. 5-11 2508

79634 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79634

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Alvarado Square St., 27-43 Ward.)

Length of residence in city or town where death occurred 21 yrs. 1 mos. 26 dys. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary M. Hunter

(a) Residence: No. 2822 Alvarado Square St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 14 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Nicholas F. Hunter

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Barbara A. Nigh

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mr. Nicholas F. Hunter
(Address) 2822 Alvarado Square

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 13, 1932

UNDERTAKER Henry Heck & Son, Inc.
(Address) 1316 E. Lanvale

FILED ... 19 ... Assistant
... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 10, 1932

I last saw her alive on May 10, 1932 death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1½ yrs. ago.

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis Krause M. D.

(Address) Med. Arts Bldg.

D. B. 1268-9

-79635 E-79635

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen. Hosp. (Ward) 24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Stewart

(a) Residence: No. 457 Grindall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 8 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Clyde Raymond Stewart

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Catherine Fycett

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Date 5/11 19 32

19. UNDERTAKER
(Address) Huntington, Md.

20. FILED MAY 12 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8 1932 to May 8 1932

I last saw h[illegible] alive on May 8 1932. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrauterine	May 8
Asphyxia	1932

Other contributory causes of importance:

Premature birth
Transverse Presentation
Breech extraction

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Esther Hunter M. D.

(Address) South Balto Gen. Hosp.

H. D. B. 1268-9

9636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 9636

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2938 Hartford Rd St., 9-45 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith J. Page

(a) Residence: No. 2938 Hartford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. C. Page

DATE OF BIRTH (month, day, year) June 6 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton W. Va.

13. NAME Edith J. Page

14. BIRTHPLACE (city or town) (State or country) Trenton West Va.

15. MAIDEN NAME Edith J. Armstrong

16. BIRTHPLACE (city or town) (State or country) Trenton W. Va.

17. INFORMANT Chas. C. Page

(Address) 2938 Hartford Ave.

18. BURIAL, CREMATION, OR REMOVAL Frank Creek W. Va. May 14 1932

Place Frank Creek Date

19. UNDERTAKER Wm. H. Sanford & Son

(Address) 2200 Edgecombe Cir. Huntington W. Va.

20. FILED MAY 12 1932 Registrar.

Clerk.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18 1932 to May 11th 1932

I last saw h.e alive on May 11th 1932. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Heart Disease	Jan. 1930

Other contributory causes of importance:

Cardiac Failure	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert L. Kirk M. D.

May 11 32 (Address) 312 Hartford Rd.

D. B. 1268-9

79637

HEALTH DEPARTMENT—CITY OF BALTIMORE 79637

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2814 Clifton Ave St., 15-60 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Elizabeth Rahmeng

(a) Residence: No. 2814 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: August F. Rahmeng

DATE OF BIRTH (month, day, year): Apr 8-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Conrad Unolf

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Neundan

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Matilda Logabe

(Address) 2814 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: May 14 1932

19. UNDERTAKER: Wm J. McGuerty Sons

(Address) North & Penna Ave

20. FILED 12 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1928 to May 12 1932

last saw h-er alive on Apr 26 1932 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General senile changes.	
Marked cerebral arterio-sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. B. Wright M. D.

(Address) Medical Arts Bldg, Baltimore Md

Co. 5-31 2500

9638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79638

CERTIFICATE OF DEATH

151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Matthews

(a) Residence: No. 2004 E. Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora Matthews

6. DATE OF BIRTH (month, day, year) Oct. 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	51	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Joseph Matthews

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Lucinda Warren

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Louise Mc Hugh
(Address) 2007 E Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Wade N. C. Date May 14 1932

19. UNDERTAKER John Ulrich
(Address) 2008 Eutaw

20. FILED 121932 Huntington W. Va. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6 1932 to 5-12 1932

I last saw him alive on 5-12 1932 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle on Posterior Chest	6 wks.
Other contributory causes of importance:	
Septicaemia	2 da

Name of operation Excision Carbuncle Date of 4-7-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Luther E. Leech M. D.

(Address) Balto City Hospitals

H. D. H. 1268-9

E 79639

E 79639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S Ponca St. 6-10 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Rosa Duffey

(a) Residence: No. 37 Milton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced, (HUSBAND of) or WIFE of William E. Duffey

DATE OF BIRTH (month, day, year) Oct. 15 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME OF FATHER Michael Rehak

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME OF MOTHER dont know

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Wm. E. Duffey

(Address) 37 Milton ave

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date 5/13/32

19. UNDERTAKER J. Moran

(Address) 3006 Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1932 to May 11th 1932

I last saw her alive on May 10 1932. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Adam Tod. M. D.

(Address) 4616 Eastern ave

E 79640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Poplar Grove St. 15-61 (Ward)

Length of residence in city or town where death occurred 46 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Fruegel.

(a) Residence: No. 2204 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W.	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of B. Frederick Fruegel.

DATE OF BIRTH (month, day, year) April 19-1869

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	63	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles H. Lobert.

14. BIRTHPLACE (city or town) (State or country) Hanover Germany.

15. MAIDEN NAME Mary Wilkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT B. Frederick Fruegel.
(Address) 2204 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/14 32

19. UNDERTAKER Tyson & Sons
(Address) 1611 W. Pratt St.

20. FILED 2-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1931 to May 11 1932

I last saw her alive on May 11 1932 Death is said to have occurred on the date stated above, at 6:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right cerebral hemmorhage	9 mo.
Other contributory causes of importance:	
Hypertension	unknown
Left Cerebral hemmorhage	4-24-31

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

Co. 79641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Ebert

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John Ebert

DATE OF BIRTH (month, day, year) About 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penn

18. NAME Anthony Nillis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Green

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Little Sisters of the Poor

(Address) Eager & Valley Sts.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 13 1932

UNDERTAKER Wm. F. Cox & Co.

(Address) 1219 E. Baltimore St.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1932, to May 11th, 1932

I last saw her alive on May 11th, 1932. Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. M. Cashen, M. D.

(Address) 111 E. Madison St.

D. & W. 9642 D. Wolf 1331 E. North Ave Ha. 5733 ✓ E 79642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Federal St., 9-17 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard E. Safsington

(a) Residence: No. 1409 Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Mamie Safsington

6. DATE OF BIRTH (month, day, year) Nov 9th 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Casket Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm Safsington

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

15. MAIDEN NAME Isabelle Simpson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mamie Safsington

(Address) 1409 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 13th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6 1932 to May 10, 1932

I last saw him alive on May 9 1932 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	May 4, 1932
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Bixler M. D.

(Address) 1331 E. North Ave

ec.—9-30—A. & Co.—250 Blks

✓ E 79643

E 79643 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 106 N. East Ave ST 6-11 WARD)

2. FULL NAME Anna C. Vojtek

(a) RESIDENCE NO. 106 N. East Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 1 mos 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Mar 31 1905

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	1	11 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pitts.

10 NAME OF FATHER Stephan Vojtek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austro-Slovakia

12 MAIDEN NAME OF MOTHER Theresa Novotny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austro-Slovakia

Informant Stephan Vojtek
(Address) 106 N. East Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 32

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932, to May 11, 1932

that I last saw h... alive on May 10, 1932

and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of right lung

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Generalized Sarcomatosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of no

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Polsony M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL May 14 1932

20 UNDERTAKER Frank E. Jackson — ADDRESS 1556 Eutaw

Filed May 12 1932 Huntingtown Williamsville N.Y. Registrar Extractor

30—M. S. T.—100 B—50L

E 79644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79644

CERTIFICATE OF DEATH

X 93-003

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: Balto City Jail ST. 10-15 WARD)

2-FULL NAME James E Bryan

(a) RESIDENCE NO. Jamaica ST., ... WARD ..... Jamaica

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Bryan

7 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

10 NAME OF FATHER unknown Bryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

PARENTS

14 Informant Nonse B

(Address)

15 Filed 5-17 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Decompensation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James H Kenney, M. D. Coroner

5-11 1932 (Address) Jor & Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL May 12, 1932

20 UNDERTAKER E. Leroy Stoffler, Inc.

ADDRESS 1258 North ave.

—12-9-25—A Co.—200 Pkg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9645 — 82-90 — E 79645

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1122 Nanticoke St. 21-24 (Ward)

2-FULL NAME Charles F. Kloffice

(a) RESIDENCE NO. 1122 Nanticoke St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Kloffice

DATE OF BIRTH (month, day, and year) Feb 8, 1863

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
69	—	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machine Helper

(b) General nature of industry, business, or establishment in which employed (or employer) B&O R.R. Co.

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Mary J. Kloffice

(Address) 1122 Nanticoke

Filed ..... Registrar

1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 11, 1932

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930 to May 11, 1932

that I last saw him alive on May 11, 1932

and that death occurred, on the date stated above, at 3.00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? No none necessary

What test confirmed diagnosis!

(Signed) Thos. F. Cate, M. D.

, 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Western Cemetery — Date of Burial May 14 1932

20 UNDERTAKER F. Vernon Kechner — ADDRESS Hollins

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79646 E 79646

CERTIFICATE OF DEATH.

131 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 4305 Garrison Blvd St. 15-63 WARD

2-FULL NAME Anna F Anderson

(a) RESIDENCE. No. 4305 Garrison Blvd St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard B. Anderson

6 DATE OF BIRTH (month, day, and year) March 9 1876

7 AGE	56 Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

10 NAME OF FATHER Amos Hull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Louisa Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant Leonard B. Anderson (Address) 4305 Garrison Boulevard

15 Filed . 1932 Huntington Williams Registrar

21932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to May 10 1932, that I last saw her alive on " " 1932, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (secondary) Hardening of Arteries (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No (Date of)

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Cocer, M. D.

5/11. 1932 (Address) 3907 Harrison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	May 13 1932

20 UNDERTAKER George J Smith ADDRESS 1532 Pennsylvania

D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79647 ✓ 46 E 79647

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-30 ..... Ward)

Length of residence in city or town where death occurred 5 yrs. — mos. 15 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Emma E. Batchelor

(a) Residence: No. North Linthicum St. A & C Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of Wallace H. Batchelor

DATE OF BIRTH (month, day, year) Oct 15th 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Louis M. Welger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Caroline M. La Porte

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wallace J. Welger
(Address) 3206 Parkside Drive

BURIAL, CREMATION, OR REMOVAL.
Place London Park Date May 14th 1932

UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

FILED 21032 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/27/32, 19.., to 5/12/32, 19..

I last saw her alive on 5/11/32, 19.. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Descending Colon	Feb 1932
	?
Other contributory causes of importance: Intestinal Obstruction	5/10/32
Diabetes Mellitus	?

Name of operation Resection of Colon Date of 5/9/32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry P. Keller M. D.

(Address) University Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79648

79648

CERTIFICATE OF DEATH

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hospital (Ward) 42

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Edna Gebhardt

(a) Residence: No. Sykesville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, or divorced (or) WIFE of Frederick Gebhardt

6. DATE OF BIRTH (month, day, year) Aug 11th 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Geo. A. Blizzard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Gibson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robt Blizzard

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Carroll Co Cemetery Date May 15th 1932

19. UNDERTAKER Wm Cook

(Address) 1427 St. Paul St.

20. FILED 21932, 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19... to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Fractured skull, Intracranial hemorrhage — Date of onset 5/12/32

Other contributory causes of importance:

Automobile accident

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/12 19 32

Where did injury occur? Charles St & University Pkway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto in which she was riding struck Traffic signal

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79649

9649

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2927 Bernard St 12-5th Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Lee Garrity

(a) Residence: No. 2927 Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or~~ divorced HUSBAND ~~OF~~ (or) WIFE of Frances Garrity

DATE OF BIRTH (month, day, year) Jan 9 - 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Hyatt

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Belle Pittle

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Catherine A Kraus

(Address) 2927 Bernard St

17. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery May 14 1932

18. UNDERTAKER Wm Cole

(Address) 1217 St Paul St

19. FILED 1932 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7 1932 to May 11 1932

I last saw her alive on May 11, 1932 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	5 day

Other contributory causes of importance:

Chronic Pneumonia Hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L C Graham M. D.

(Address) 112 W 25th St

D. B. 1268-9

79650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79650

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

10 hrs

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chauncey Hooper

(a) Residence: No. 384 Severn Ave., Eastport St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen nee Howard

6. DATE OF BIRTH (month, day, year) Oct 1/1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Troy, N.Y.

13. NAME Chauncey Hooper

14. BIRTHPLACE (city or town) (State or country) Troy, N.Y.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT B. J. Hopping

(Address) Annapolis, Md.

BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date May 13 32 19

UNDERTAKER

(Address)

FILED 21932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, 6.40 A.M.

The principal cause of death and related causes of importance were as follows:

Uremia-Extravasation of urine-stricture of penis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Wolfe M. D.
Coroner

(Address) 1086 Fremont

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79651 E 79651

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Monticello Ave) (Ward) 46

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J Farrell

(a) Residence: No. 3203 Monticello Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 12 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	28	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER James Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Ann McGuirk

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael F Farrell
(Address) 3203 Monticello Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Cem Date May 14, 1932

19. UNDERTAKER George A Farley
(Address) Fulton & Hamilton Sts Huntington W Va

20. FILED 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to May 10 1932
I last saw him alive on May 10 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate - Senile	May 31

Other contributory causes of importance:
Cardiac Renal disease

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos F Kinsella M. D.
(Address) ...

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79652 93 E 79652

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 W. Baltimore St. 18-26 Ward)

Length of residence in city or town where death occurred Life mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E. Stuchfield

(a) Residence: No. 854 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) August 4th 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	81	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph Stuchfield

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Witherspoon

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mollie Sprake

(Address) 2105 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date May 13th 1932

19. UNDERTAKER George L. Schwatt

(Address) 2101 Frederick Ave

20. Huntington Williams, M.D. Registrar.

21232 H. E. Lee Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25th 1932, to May 10, 1932

I last saw her alive on May 10 1932 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri Sclerosis Hypertension	?
Other contributory causes of importance: Myocarditis	14 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas A Cahn M. D.

(Address) 2145 N Balto St Balto Md

H. D. B. 1268-9

79653 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79653

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Mercy Hospital — Registered No. 137

CITY OF BALTIMORE: (No. ..... St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME James F. Wilson

(a) Residence: No. 1730 Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race Negro — 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wilson

DATE OF BIRTH (month, day, year) Jan. 24, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	yrs.	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va.
(State or country)

13. NAME William Wilson

14. BIRTHPLACE (city or town) W. Va.
(State or country)

15. MAIDEN NAME Bobbie Crowley

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 13 1932

19. UNDERTAKER V. P. Brooks

(Address) 1463 N. Capers st

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/3/32 . 19 . to 5/10/32 . 19

I last saw him alive on 5/10/32 . 19 . Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Benign Prostatic Hypertrophy	2 yrs.
Acute Bilateral Cardio Vascular Nephritis.	?
c Decompensation.	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 5/7/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. Chambers M. D.

(Address) Mercy Hosp. - Balto, Md

Co. 5-31 250B

9654

E 79654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No. 16-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital St., (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Bozmango.

(a) Residence: No. 3508 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bozmango.

6. DATE OF BIRTH (month, day, year) Aug. 13-1885

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	46	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own store

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Elias Hofman.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Katherine Klose

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Katherina Nelson

(Address) 137 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 14, 1932

19. UNDERTAKER Philip Hornberg Sr.

(Address) 2016 Eutaw St.

Hunter's Point, Williams, N.C.

20. FILED ..., 19..

Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932 to May 11, 1932

I last saw her alive on May 11, 1932 death is said to have occurred on the date stated above, at 11.55 P. m.

The principal cause of death and related causes of importance were as follows

	Date of onset
Pulmonary Embolism	5/11/32
Other contributory causes of importance:	
acute Gangrenous appendicitis	4/25/32 ?
Gangrene of caecum with perforation	4/25/32 ?

Name of operation appendectomy Date of 4/28/32

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph L. Schoch, M. D.

(Address) Woman's Hospital

79655
Spec.—1-10 21—M&T—1500 Bks.

E 79655

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ravenswood Ext (ST.) 27 (WARD) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hannah Coleman

(a) RESIDENCE NO. Ravenswood Ext (ST.) Balto Md (WARD)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Coleman Sr

6 DATE OF BIRTH (month, day, and year): Jan 10-54

7 AGE: Years 78 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Benj - Shubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): State Penna.

12 MAIDEN NAME OF MOTHER: Burkholder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn. Pa

14 Informant (Address): James H. Coleman Frenbridge and Govans

15 Filed 1-31-1932, 19 Huntington Williams, N.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to May 12, 1932,

that I last saw he/she alive on May 12, 1932,

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy left side

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H W. Wheaton, M. D.

, 19 (Address) 4309 Gt No Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: 5/16 1932

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

30—M—100 B—50L

79656

E 79656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1-PLACE OF DEATH Eastern Box Company.

CITY OF BALTIMORE: (No.) East Brooklyn. ST. 4-30 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Walter Wagner.

(a) RESIDENCE NO. 206 Laurens St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced
HUSBAND of
~~WIFE OF~~ Daisey Wagner.

DATE OF BIRTH (month, day, and year) October 2, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. President, Eastern Box
(b) General nature of industry, business, or establishment in which employed (or employer) Company.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Martin Wagner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Roder.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Daisey Wagner. (wife)

(Address) 206 Laurens St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

5/12/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount

DATE OF BURIAL May 14 1932

20 UNDERTAKER Henry W. Kenkins Sons Co

ADDRESS McCulloh & Orchard

H. D. B. 1268-9

79657 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79657

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Balto Eye & Ear Infirmary 8-16 Ward

CITY OF BALTIMORE: (No.) 214 Eutaw Place

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos. Smith,

(a) Residence: No. 1039 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male

4. Color or Race Col

5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Smith

6b. DATE OF BIRTH (month, day, and year) Oct 6-1907

7. AGE Years 25 Months 7 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Jos W Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Edith Smith

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT Wm Smith

(Address) 1039 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date May 15, 1932

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St

20. FILED MAY 13 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Date of onset

Salvarsan Reaction 8 hours

Other contributory causes of importance: Dyspepsia 2 months

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Smith M. D.

(Address) Baltimore Coroner

30—M. & T.—100 B—50L

79658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-304 E 79658

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 N. Amity ST. 18-16 WARD

2-FULL NAME Bessie C. Gaskins

(a) RESIDENCE NO. 117 N. Amity ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Gaskins

DATE OF BIRTH (month, day, and year) 1/25/86.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	46	3	14	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington, D. C.

10 NAME OF FATHER James Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs. L. Hawkins

(Address) 117 N. Amity St.

Filed 6-1 1932 Huntington Williams ND Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9-1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feilger, M. D. Coroner

5/9, 1932 (Address) 2734 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lucas Cemetery

DATE OF BURIAL May 14, 1932

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 322 N Schroeder St

3659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79659

CERTIFICATE OF DEATH

93-003

Registered No. 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3314 Elgin Ave. St., 15 Ward)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME S. Frank Bennett

(a) Residence: No. 3314 Elgin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Hinds Bennett

DATE OF BIRTH (month, day, year): May 2, 1854

AGE: Years 78 | Months 0 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country): Baltimore Md.

13. NAME: Benj. Franklin Bennett

14. BIRTHPLACE (City or town) (State or country): Md.

15. MAIDEN NAME: Eleanor Ward

16. BIRTHPLACE (City or town) (State or country): Md.

INFORMANT: Mrs. Alice Pollard

(Address) 302 St Dunstans Rd

BURIAL, CREMATION, OR REMOVAL: May 13, 1932

Place: London Park Cem

UNDERTAKER: Wm. J. Fuel & Sons

(Address) Roland & Penna Aves

FILED: MAY 10 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1932, to 5/10/32, 19..

I last saw him alive on 5/10/32, 19.., at 1:30 P m. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Coronary Sclerosis	5/10/31

Other contributory causes of importance: Chronic Nephritis acute

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Urban Smith, M. D.

(Address) 81 Park Ave

D. R. 1368-9

79660

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79660

√131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Good Shepherd Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 512 Gilmore St. 16-23 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Russell

(a) Residence: No. 1137 Stockton St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced (or) WIFE of Edward Russell.

DATE OF BIRTH (month, day, year) 6-5-1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34 years	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mills, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Allegany Co. Md

13. NAME Joseph Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hudson

16. BIRTHPLACE (city or town) (State or country) Hudson N. Y.

INFORMANT Edw. Russell H. (Address) 1137 Stockton St.

BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. May 17 1932

Place ...

UNDERTAKER Samuel Hendrix & Co. (Address) 698 N. Eutaw St.

FILED 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-4-1932 to 5-10-1932

I last saw her alive on 5-10-1932 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Nephritis	1931
& Hypertension	
Uremia	5-4-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. A. Marshall M. D.

(Address) 1838 Druid Hill Ave

D. B. 1268-0

79661

E 79661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Anoka Ave St. 15-58 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME T. Rebecca Yakowitz

(a) Residence: No. 2316 Anoka Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Numan Yakowitz

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

13. NAME Moses L. Felsenburg

14. BIRTHPLACE (city or town) (State or country) Rumania

15. MAIDEN NAME Nettie R—

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT H. M. Baer

(Address) 2316 Anoka Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Mt. Carmel Date 5-13- 1932

19. UNDERTAKER Jack Levin Inc.

(Address) 1739 E. Baltimore St.

FILED 5-13-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932, to May 12 1932

I last saw h[illegible] alive on May 12 1932 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach,	[illegible] ago?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray & Exhaust- Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph H. Zierler M. D.

(Address) 207 Medical Bldg.

79662 E 79662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 9-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Bettie Breidenstein

(a) Residence: No. 2030 Harford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) Sept 27 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August P Breidenstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rebecca M Bieswanger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Chas H Breidenstein
(Address) 2030 Harford Road

BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto Cem Date May 14th 1932

UNDERTAKER George H Schilling
(Address) 1248 Monument St

FILED May 13 1932 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to May 11 1932

I last saw h[illegible] alive on May 1 1932 Death is said to have occurred on the date stated above, at 7 05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cardio-vascular renal disease	
2) Arteriosclerosis	
3) Mental incidence decompensation	
4) Myocardial failure	
Other contributory causes of importance: Bronchio-pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Milford H. Gresham M. D.
(Address) University Hospital

Co. 5-31 2503

HEALTH DEPARTMENT—CITY OF BALTIMORE

79663 — 46 E 79663

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 28-71 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. If of foreign birth 52 yrs. mos. ds.

FULL NAME Edward Eckhardt.

(a) Residence: No. 263 Mallow Hill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Eckhardt

DATE OF BIRTH (month, day, year) Dec 12-1860

AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	71	5	2	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Products

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Edward John Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna E. Eckhardt

(Address) 263 Mallow Hill Rd

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 5/14 19 32

UNDERTAKER F. D. Whitsett

(Address) 200 Eutaw Place

FILED MAY 13 1932 19 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to May 11, 1932

I last saw him alive on May 11 1932 death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Cachexia	
Other contributory causes of importance:	
Tumor.	

Name of operation Gastroenterostomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Wessels M. D.

(Address) St. Jos Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9664 E 79664

CERTIFICATE OF DEATH

91-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2728 E. Monument St. Ward)
Length of residence in city or town where death occurred 62 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter J. Schuelle

(a) Residence: No. 2728 E. Monument St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Schuelle

DATE OF BIRTH (month, day, year) Dec 1st 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	10 / 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman Ret.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md
13. NAME Peter J. Schuelle
14. BIRTHPLACE (City or town) (State or country) Baltimore Md
15. MAIDEN NAME Mary E. Bensch
16. BIRTHPLACE (City or town) (State or country) Baltimore Md
17. INFORMANT Cordelia Hall
(Address) 2728 E. Monument St.
18. BURIAL, CREMATION, OR REMOVAL Date 5/14/32
Place Baltimore Cemetery
19. UNDERTAKER F. D. Kellner & Bro.
(Address) 1300 Eutaw Place
20. FILED MAY 13 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931 to May 11 1932
I last saw him alive on May 10 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Malignant Endocarditis	1931
Other contributory causes of importance: Cardiac Arthritis	6 days

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. C. Hamilton M.D.
(Address) 1911 N. Monroe.

c.—9-30—A. & Co.—250 Blks

E 79665

E 79665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 15-61

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2145 Chelsea Terrace ST. WARD

2 FULL NAME Wm Wallace Elliott.

(a) RESIDENCE NO. 2145 Chelsea Terrace ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	~~5 Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
M	W.	Widowed.

If married, widowed, or divorced WIFE of (or) HUSBAND of Emma L Elliott.

DATE OF BIRTH (month, day, and year) 7/29/1843

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None ovo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Nathan L Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Engle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Ellsworth Tyler

(Address) Baldwin Md Huntington Pike

Filed MAY 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12-1932

17

I HEREBY CERTIFY, That I attended deceased from Apr 30, 1932, to May 13, 1932

that I last saw h[illegible] alive on May 13, 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis -

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W S Riblett M. D.

5/13/32 (Address) 2220 Harrison Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

UNDERTAKER Richard F Joe

Director

DATE OF BURIAL May 14 1932

ADDRESS 2224 N Charles St.

Co. 5-31 250B

E 79666

9666 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 632 S. Newkirk St. 76 Ward) 27

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.

FULL NAME Joseph Notarangelo

(a) Residence: No. 632 S. Newkirk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 12, 1932

AGE	Years	Months	Days	If LESS than 1 day 11 hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Joseph Notarangelo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rose Amerille

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Father
(Address) 632 S. Newkirk

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 13, 1932

UNDERTAKER Frank V. Pipitone
(Address) 1955 E. Baltimore

MAY 13 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 12, 1932

I last saw h. in alive on May 12, 1932 death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. D. Ludovici Lucca, M. D.

(Address) 1117 St Paul St.

D. B. 1268-9

E 79667

79667 HEALTH DEPARTMENT—CITY OF BALTIMORE,

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Johns Hopkins Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-27 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Shaffer

(a) Residence: No. 1011 N. Bruce St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Bl.	.....

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

DATE OF BIRTH (month, day, year) May 6, 1932

AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
Premature ...	7	.....	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Russel Shaffer

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Rose Jacobs

16. BIRTHPLACE (city or town) .....
(State or country) Va.

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med School Date May 13, 19..
[illegible] Board of Health

UNDERTAKER .....
(Address) [illegible]

FILED 31932, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.24 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 months)	

Other contributory causes of importance:

Maternal Syphilis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles H. Hallock M. D.

(Address) Johns Hopkins Hospital

. B. 1268-9

F 79668

3668 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

× 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Hopkins Hospital St. 7-9 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Albert Esders

(a) Residence: No. Sparrows Pt. Road Edgemere Ward. ... Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 5/32

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Albert Esders

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helen Lachajczak

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Albert Esders
(Address) Edgemere

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date May 13 th 1932

UNDERTAKER George A. Weber
(Address) 2 Lane Street

FILED 13 1932 Huntingtown Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mons gestation)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Bacon Coroner . M. D.

(Address) 506 E Fort Ave

D. B. 1268-9

E 79669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79669

X 531

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. 1213 Light Street St. 24-33 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME CARL H. EI.

(a) Residence: No. Martell Ave. Dundalk, Md St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of - - -

DATE OF BIRTH (month, day, year) June 12th 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catcher of Iron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year) 3 mo. 11. Total time (years) spent in this occupation 4 yrs

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ferdinand Ei

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Valentine Braketo

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs. Valentine Ei (Mother)

(Address) Martel Avenue

BURIAL, CREMATION, OR REMOVAL Christ Ev. Luth. Ch. Cem. May 15. 1932.
Place Date 19

UNDERTAKER Gary Sander & Sons, Inc.

(Address) Baltimore St. & Broadway

FILED 1932 Huntington Miller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to May 11 1932

I last saw him alive on May 10 1932 Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mixed Tumor of Parotid Gland	Dec. 1930
Recurrance of Tumor	Dec. 1931
Cancer cachexia	Dec. 1931

Other contributory causes of importance:

Name of operation Excision of Tumor Date of 2-16-32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Plassmeyer M. D.

(Address) 6833 Trappe Rd.

E 79670

79670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121 ✓

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-45 Ward)

non-resident

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U.S. If of foreign birth? ....yrs.....mos.....ds.

FULL NAME Morris Pules

(a) Residence: No. Balto. Co. (Elliott City, Md.) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/27/25

AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
6	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Catonsville, Md.

13. NAME (Augustus) Pules

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Adelaide Hoffman

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Augustus Pules

(Address) Elliott City, Md.

BURIAL, CREMATION, OR REMOVAL Place London Park Date May 16, 1932

UNDERTAKER Easton Sons

(Address) Elliott City

FILED MAY 16 1932 H. Duvall Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/7/32, 19..., to 5/12/32, 19...

I last saw him alive on 5/12/32, 19... death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	5/6/32
Peritonitis	5/7/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital

79671

E 79671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. ..... Ward) non-resident

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marian Merryman

(a) Residence: No. Delta, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/11/32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Delta, Md.
(State or country)

13. NAME Stanley Merryman
14. BIRTHPLACE (city or town) Md.
(State or country)
15. MAIDEN NAME Rae Green
16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Mrs. Stanley Merryman
(Address) Delta, Md.

BURIAL, CREMATION, OR REMOVAL Oakland Cem. Date May 13 1932

UNDERTAKER Easton Sons
(Address) Edgar & Wilde Huntington Rd. Annapolis, Md.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/12/32, 19 ..., to 5/12/32, 19 ...
I last saw her alive on 5/12/32, 19 ... death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 wks. ago.
Other contributory causes of importance:	
Bronchial Pneumonia	4/11/32

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Jackson M. D.
(Address) Sydenham Hospital

9672 E 79672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-312 West Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mildred R. Reed X

(a) Residence: No. Ellicott City St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James Reed

6. DATE OF BIRTH (month, day, and year) Feby 22 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8 7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Isaac Estep

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Mary Barton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hus Reed

(Address) /

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date May 16 1932

19. UNDERTAKER Easton Sons

(Address) Ellicott City.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 1932 to May 12 1932

I last saw her alive on May 12 1932 Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cerebral Hemorrhage	5/10/32
2) Hypertensive cardio vascular renal disease	
3) Broncho pneumonia	5/12
4) Myocardial failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79673 E 79673

CERTIFICATE OF DEATH

95-002

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto City Hospital St., No. 1 Ward)

gth of residence in city or town where death occurred 77 yrs. 5 mos. 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank GOWIN

(a) Residence: No. 1517 Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-2-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jas GOWIN

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Maud a Coppage

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date May 16, 1932

UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1931 to 5-12, 1932

I last saw him alive on 5-12, 1932 death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia sclerotic	
Cardio-Vascular Lesion	?
Senior Prostatic hypertrophy	

Other contributory causes of importance:

~~Broncho Pneumonia~~	
Broncho Pneumonia	5-1932

Name of operation none Date of —

What test confirmed diagnosis? P. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Link M. D.

(Address) Balto City Hospitals.

Co. 5-31 250B

E 79674

79674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Provident Hospital St., 14 Ward) 30

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME George Wilson

(a) Residence: No. Rear 2 Norton St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Kettlewell Date May 19

UNDERTAKER John W. Henderson
(Address) 1629 E. Monument St

FILED May 13 1932 Huntington Williams M.D.
Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to May 12, 1932

I last saw h[e] alive on May 12 1932, death is said to have occurred on the date stated above, at 4 3/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	4 Hrs
Other contributory causes of importance: Malignancy Carcinoma Intestines	

Name of operation Exploratory Date of 5-10-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benson Stacy M. D.
(Address) Provident Hospital

10—M. & T.—100 B—50L

79675

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 79675

CERTIFICATE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 23 WARD)

2-FULL NAME John W. Parks

(a) RESIDENCE No. 1303 Light ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna McKew

DATE OF BIRTH (month, day, and year) ? ? 1867?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 65		2	2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer ---

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John W. Parks

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Margarity

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs. Charlotte Schuley

(Address) 1303 Light St.

Filed 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bilateral Broncho-pneumonia

(duration) unknown yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ---

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy N. Bromwell M.D. Coroner

5/13 1932 (Address) 903 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 5/14 1932

20 UNDERTAKER John J. Fahey Sons

ADDRESS 1318 Light St

6-9-19—H. P. Co.—1000 Blks.

79676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79676

CERTIFICATE OF DEATH.

23

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No 5006 Catalpha road ST. 27-44 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis B. Plitt

(a) RESIDENCE. NO. 5006 Catalpha ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie B Plitt

DATE OF BIRTH (month, day, and year) Feb 1st 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer) Coffee Roaster

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER George L. Plitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Goeller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Minnie B. Plitt 5006 Catalpha road

15 Filed MAY 6 1932

Huntington Williams, Registrar
M. D. 5-14 Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11 1932

17 I HEREBY CERTIFY, That I attended deceased from 5/8, 1932, to 5/11, 1932.

that I last saw him alive on 5/11, 1932.

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Hyde W. Godley, M. D.

, 19 (Address) 5703 Wayland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: May 14th 1932

20 UNDERTAKER: E Schlosman & Son

ADDRESS 1039 Hanover St

M. D. B. 1268-9

79677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 79677

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 N Calvert St. 11-15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Carroll

(a) Residence: No. 1227 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced
HUSBAND of (or WIFE of) Bland S Carroll

6. DATE OF BIRTH (month, day, year) Dec 12 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

PERSONAL AND FAMILY HISTORY

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas S Carroll
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Caroline V. Judick
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT H. J. Carroll
(Address) Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 14 1932

19. UNDERTAKER Henry Oberndorf & Co.
(Address) Cathedral & Mulberry Sts.

20. FILED 1932 Huntingdon Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1926 to 5/12 1932

I last saw him alive on 5/12 ..... 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx (secondary to Epithelioma of Cheek)	2 mos 3½ yrs
Other contributory causes of importance: Bowel Obstruction	2 days

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Wm S Thurlow M. D.
(Address) 1405 Park Ave

0—M. & T.—100 B—50L

79678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79678

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Lester Demott

(a) RESIDENCE No. Nebraska Ave. Tampa, Fla. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lela R. Demott

DATE OF BIRTH (month, day, and year) Oct. 6, 1870.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Boston, Mass.

10 NAME OF FATHER ----------Demott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mr. A. Polk.
(Address) 3221 Fred. Ave.

Filed 5 31 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by Veronal.
Suicide.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 416 W. Fayette St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Coroner, M. D.

5/12 19 32 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pamsville ohio

DATE OF BURIAL May 13 1932

20 UNDERTAKER Chas. S. Black

ADDRESS 742 W Pratt

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 79679

79679

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 311 E. 27th St.) 12-50 (Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Warren

(a) Residence: No. 311 E. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Nelson F. Warren

DATE OF BIRTH (month, day, year): Aug 5th 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore County, Md

13. NAME: George Price

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Rose Barrett

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Nelson Warren

(Address) 311 E. 27th

BURIAL, CREMATION, OR REMOVAL

Place: St. Joseph - Texas, Md. Date: May 16 1932

UNDERTAKER: Wm. C. Brooks & Son

(Address) Towson, Md.

FILED: Huntington Williams, M.D. Registrar.

C 1032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1932, to May 13th, 1932

I last saw her alive on May 12th, 1932. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Carcinoma Uterus	

Other contributory causes of importance:

Name of operation: Operation 10 Date of: Mar. 1914

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Caleb R. Athey, M. D.

(Address) 100 E. Patterson Park Ave

L. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79680 E 79680

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 700 N. Fayette St. 19-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME George Kammer

(a) Residence: No. 345 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hennericka Kammer

DATE OF BIRTH (month, day, year) Mar 15-1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Kammer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hennericka Kammer
(Address) 345 Woodyear Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May16- 1932

19. UNDERTAKER J. J. Wappet
(Address) 500 Eutaw Place

20. FILED 31932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eugene Miller M. D.
Coroner

(Address) 1 E 29 Eutaw Ave.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9681

CERTIFICATE OF DEATH

59 E 79681

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 N. Fulton Ave., 20-27 Ward)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Spotted

(a) Residence: No. 323 N Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis J. Spotted

6. DATE OF BIRTH (month, day, year) June 18 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Elkins West Va

13. NAME OF FATHER Henry Feldhuder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Nellie Leech

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Lew. J. Spotted

(Address) 323 N. Fulton Ave

BURIAL, CREMATION, OR REMOVAL Place Green Lawn Date May 16 1932

UNDERTAKER J. B. Wyatt & Co.

(Address) 544 W. Baltimore St

FILED MAY 17 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Ap. 2 1932 to May 13 1932

I last saw her alive on May 13 1932 Death is said to have occurred on the date stated above, at 1153 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Ten[illegible]

Other contributory causes of importance:

Coma	3 days

Name of operation — Date of ...

What test confirmed diagnosis? Urinary . Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. C. Conser, M. D.

(Address) 1101 N. Fulton Ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79682

9682

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1137 Park ave St., 11-24 Ward)

gth of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis F Butler

(a) Residence: No. 1137 Park ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hannah Butler

(Address) 1137 Park ave

BURIAL, CREMATION, OR REMOVAL

Place Henryn Date 5-14 1932

UNDERTAKER Daniel Easton

(Address) 216 E Lan ave

31932 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932, to May 11 1932

I last saw h[illegible] alive on May 11 1932 death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 5
Arteriosclerosis	1 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J Worley Straw M. D.

(Address) 727 Franklin Blvd

c.—8-16-29—1. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79683

92-001 ✓

E 79683

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 1705 Freetman ST. 15-21 WARD)

2—FULL NAME Jennie Roan

(a) RESIDENCE NO. 1705 Preetman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Roan

DATE OF BIRTH (month, day, and year) Nov. 18, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	24 13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Gilbert Shepherd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Phyllie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Etta Roan (daughter)

(Address) 1705 Preestman St

Filed 5-16-1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932, to May 12, 1932, that I last saw h[illegible] alive on May 12, 1932 and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Disease of Heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

5/13, 1932 (Address) 703 N Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 14 1932

20 UNDERTAKER Thomas E. Kelam

ADDRESS 1303 Preestman St

D. B. 1268-9

Dr Neistadt 1730 Linden Ave Lay 1923 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

9684

CERTIFICATE OF DEATH

108 E 79684

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Linden Ave 14 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie H. Mac Allister

(a) Residence: No. 1723 Linden Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Thos B Mac Allister

6. DATE OF BIRTH (month, day, year) Aug 17th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Lawson P. Hoover

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME India Jackson

16. BIRTHPLACE (city or town) (State or country) Athens Ga.

INFORMANT John B. Mac Allister

(Address) 3917 Liberty Hgts Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 16th 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1932 Huntington Pallbearers, Inc.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11 1932 to May 12 1932

I last saw h alive on May 12 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset

Other contributory causes of importance:

Acute myocarditis

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. S. Neistadt M. D.

(Address) 1730 Linden ave.

Co. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

9685

E 79685

CERTIFICATE OF DEATH

Registered No. 9½-003

PLACE OF DEATH Balto City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-65 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Geo. W. Woods

(a) Residence: No. 2112 N. North Ave St., ... Ward.
(Usual place of abode) (If non res'dent give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of no

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpet Man [?]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) md.

12. NAME Richard Wood

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery May 14th 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1932 Huntington Williams, N.T.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1930, to 5-12, 1932

I last saw him alive on 5-12 1932 death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Benign Prostatic hypertrophy	?
(2) Arteriosclerosis	.
(3) Chronic Myocarditis	

Other contributory causes of importance:

Uremia 5-5-32

Name of operation no Date of ...

What test confirmed diagnosis C.F. Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lucius F. Craig, M. D.

(Address) Balto City Hospitals

6 H. 8-14.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79686 Joseph Navarski ✓ 79686 E 79686

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 9-17 Ward)

Length of residence in city or town where death occurred yrs. mos. Ods. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Navicki (Wirbolas)

(a) Residence No. Ellicott City Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna B Navicki

DATE OF BIRTH (month, day, and year) Nov. 2, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 3/1/32

11. Total time (years) spent in this occupation 0 yrs

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Anna B. Navicki

(Address) Ellicott City

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 16 1932

UNDERTAKER Gaston Sons

(Address) Ellicott City

FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1932 to 5-13 1932

I last saw him alive on 5-13 1932. Death is said to have occurred on the date stated above, at 9:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral neoplasm?	5 yrs.
Pulmonary neoplasm?	6 mos.
Bronchopneumonia (type?)	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupatinn of deceased?

If so, specify

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79687

9687

CERTIFICATE OF DEATH

53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) Maryland Gen. Hospital 4 Ward 33

gth of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Augusta Wilhelm

(a) Residence: No. 1620 E. Clements St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced ~~WIFE~~ (or) WIFE of Otto Wilhelm

DATE OF BIRTH (month, day, year) August 31 1876

AGE Years	Months	Days	If LESS than 1 day — hrs. or — min.
55	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Roesler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 16 1932

UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St

Huntington Pike, Md.

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/7/32, 19..., to 5/13, 1932

I last saw h[illegible] alive on 5/13 1932 death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	(?)

Other contributory causes of importance:

Chronic Nephritis with Uremia	(?)

Name of operation ... Date of ...

What test confirmed diagnosis Cancer as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Robert F. Chenoweth M. D.

(Address) Md. General Hospital

20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79688

79688

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Benton

(a) RESIDENCE NO. 15 N York St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45		3		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) Chestertown Md
(State or country)

10 NAME OF FATHER John Benton

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Harriet Brown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant William E Benton

(Address) Camden N J

Filed 1932, 192 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 15 N York St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P P Negro M.D., Coroner

May 12 1932 (Address) 305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Maryland May 14 1932

DATE OF BURIAL

20 UNDERTAKER Ernest Pue 135 W Hoffman Street

ADDRESS

H. B. 1268-9

79689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79689

83

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1200 Bloomingdale Road St., 16 17 Ward)

gth of residence in city or town where death occurred 75 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Carrie L. Leicht

(a) Residence: No. 1200 Bloomingdale Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

ATE OF BIRTH (month, day, year) January 11-1857

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

9. Date deceased last worked at this occupation (month and year) - - | 11. Total time (years) spent in this occupation. - -

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME John C. Leicht

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Miss Kate Leicht
(Address) 1200 Bloomingdale Road.

BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date May 14 1932

UNDERTAKER H. Leicht & Sons
(Address) Fond & Lanvale

4 1932 Huntington Williams M.D. Registrar.
A. 214

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to May 12 1932

I last saw her alive on May 12 1932 Death is said to have occurred on the date stated above, at 745 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Caresia	?
(Non Specific)	

Other contributory causes of importance:

Cerebro Sclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H. Gordon M. D.

(Address) 3707 Gallaway Ave

ec.—9-30—A. & Co.—250 Bks.

9690 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79690

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2601 Maryland ST. 12-51 WARD)

2. FULL NAME Matthew J. Wade

(a) RESIDENCE NO. 2601 Maryland ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Jan 2-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	11	

OCCUPATION OF DECEASED 930

(a) Trade, profession or particular kind of work Eng. Patapsco City

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bath Md

10 NAME OF FATHER Michael Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Naughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Mrs. Matthew Wade 2601 Maryland Ave

FILED 1932. 19 Huntington Hilligues N.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13-1932

17

I HEREBY CERTIFY, That I attended deceased from May 2 1931, to May 13, 1932

That I last saw h.. alive on May 12 1932

and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. Schenck M. D.

19 (Address) Bath Rd & Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery | DATE OF BURIAL May 16 1932

20 UNDERTAKER Chas. S. Grace & Son ADDRESS 1180 W. Royal Ave

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79691 E 79691

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 Brevard St. 11-2nd Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lizzie Summerville

(a) Residence: No. 1112 Brevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Horace Summerville

6. DATE OF BIRTH (month, day, year) Oct 20 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warrington N. C.

13. NAME of father Osborn Harris

14. BIRTHPLACE (city or town) (State or country) NC

15. MAIDEN NAME of mother Catherine Bullock

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Nancy Cooper

(Address) 1112 Brevard St.

18. BURIAL, CREMATION OR REMOVAL Place Mt. Auburn Date May 14 32

19. UNDERTAKER Samuel Hellenby

(Address) 518 N. Eutaw

20. Filed MAY 14 1932 Hunting Ridge, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1932 to May 11 1932

I last saw her alive on May 11 1932. Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis	
Exhaustion - Refusal to take food for	
General weakness - due	3 days
to mental condition	

Other contributory causes of importance: .....

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Franklin St.

Co. 5-31 250B

79692 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79692

CERTIFICATE OF DEATH

121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Md. General Hospital St., 7 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Oliver C. Carrick Jr (Oliver C. Carrick Jr)

(a) Residence: No. 607 Wyanoke Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-20-1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Oliver C. Carrick
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md
15. MAIDEN NAME Bertha C. Ennis
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Oliver C. Carrick
(Address)

BURIAL, CREMATION, OR REMOVAL
Greenmount Cemetery May 16 1932

UNDERTAKER Chas. H. Black
(Address) 742 W. Fayette ave.

FILED MAY 14 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-9-, 1932, to 5-13-, 1932

I last saw h[illegible] alive on 5-13-1932 death is said to have occurred on the date stated above, at 8 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	
& peritonitis	6 days

Other contributory causes of importance:

Name of operation Appendectomy & drainage of peritonitis Date of 5-9-32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Peter V. Clements, M. D.

(Address) Md. General Hospital

Director

H. D. B. 1268-0

E 79693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 79693

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth J. W. Jarman

(a) Residence: No. Centerville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

DATE OF BIRTH (month, day, year) Jan. 16 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 yrs.	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kent County, Md.

13. NAME Francis A. Wilkins

14. BIRTHPLACE (city or town) (State or country) Kent County, Md.

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Kent, County, Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hall Md Date 5/16 1932

19. UNDERTAKER Robt. H. Brooks & Son
(Address) Baltimore & Huntingdon Ave.

20. FILED MAY 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932 to May 13 1932

I last saw her alive on May 13, 1932. Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Arteria Sclerotic Cardio Vascular Disease	3 yrs.
2) Carcinoma of Uterus	?

Other contributory causes of importance:

1) Acute Dyspepsia Flatus	1 day.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Earl L. Chambers M. D.

Director (Address) Mercy Hosp., Baltimore

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79694

79694

CERTIFICATE OF DEATH

108

—PLACE OF DEATH

REGISTERED NO. 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Maryland Penitentiary ST., (WARD)

—FULL NAME Charles F. Thomas

a) RESIDENCE NO. 1839 Prestmann ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	M.

married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel Wilson

TE OF BIRTH (month, day, and year) 5-29-1902

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	17	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work Chauffeur

b) General nature of industry, business, or establishment in which employed (or employer) 073

c) Name of employer

RTHPLACE (city or town) (State or country) Texas

0 NAME OF FATHER Charles Thomas

1 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

2 MAIDEN NAME OF MOTHER Emma Travers

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

Informant Mrs Emma Thomas

(Address) 1839 Prestmann St.

Filed ..... 19 .....

MAY 14 1932

Huntington Phillips
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12th 1932

17 I HEREBY CERTIFY, That I attended deceased from May 12th 1932, to May 12, 1932, that I last saw him alive on May 12th, 1932 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) John L. Aubrey M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary — DATE OF BURIAL May 16 1932

20 UNDERTAKER Joseph A Lively — ADDRESS 4091 Mount St

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

9695

18 E 79695

CERTIFICATE OF DEATH

PLACE OF DEATH St. Agnes Hospital

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Wilkens & Caton Aves St., 20-69 Ward)

gth of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Bernard Philip Reichert (Bernard Philip Reichert)

(a) Residence: No. 407 E. Lynn St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 7, 1932

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~1 month~~	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Daniel Edward Reichert

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Catherine Margaret Byers

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Daniel E. Reichert
(Address) 407 E. Lynn St.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 14 1932

UNDERTAKER Fred Brooks
(Address) 1003 W. Baltimore St.

FILED MAY 14 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 13, 1932

I last saw h alive on May 13, 1932, death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	5-4-32

Other contributory causes of importance:

Name of operation Intraventricid injection of Meningococcic Serum Date of 5-12-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Reuse, M. D.

(Address) St Agnes Hospital

Co. 5-31 250B

E 79696

79696 HEALTH DEPARTMENT—CITY OF BALTIMORE

v 48

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3600 Clifton Ave. St. 15-61 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Georgie Ella Hopkins

(a) Residence: No. 3600 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustavus H. Hopkins

ATE OF BIRTH (month, day, year) July 23, 1856

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 ~~70~~	10 9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles V. Duncan

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Prudence Ann Eckert

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mr. Gustavus H. Hopkins
(Address) 3600 Clifton Ave.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Dem May 16, 19 32

UNDERTAKER Wm H Cook
(Address) 1003 W. Baltimore St.

FILED ~~41932~~ Huntington Williams, M.D.
Registrar

Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1931, to May 13, 1932
I last saw her alive on May 13 1932 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	
Metastatic Carcinoma	

Name of operation None Date of —
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams, M. D.
(Address) 1003 W. Baltimore St.

79697. E 79697.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

595

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 334 Ilchester Ave. St., 12-50 Ward)

gth of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alice M. Warren

(a) Residence: No. 334 Ilchester Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Warren

DATE OF BIRTH (month, day, year) June 7 1864

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) England

13. NAME William Rhynhart

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Susan Rynehart

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mr. William M. Warren

(Address) 334 Ilchester. Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park, Date May 15 1932

UNDERTAKER John F. Denny.

(Address) 815 Light St.

FILED MAY 14 1932 19... Huntington Williams, M.D. Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 25. 1931, to May 13. 1932

I last saw her alive on May 13. 1932 death is said to have occurred on the date stated above, at 10.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Chronic	Unknown
Hypertension	
Arteriosclerosis	
Diabetes Mellitus	
Other contributory causes of importance:	
Bronchopneumonia	5/10/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. Sylvester Ward, M. D.

(Address) 107 W. Madison St.

Co. 5-31 250B

E 79698

79698 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 701 E 20th St. 9-46 Ward)

gth of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Sutton

(a) Residence: No. 701 E 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced
(or) WIFE of Joseph E. Sutton

DATE OF BIRTH (month, day, year) Jan. 3-1867

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Christian Horst

14. BIRTHPLACE (city or town) ...
(State or country) Germany

15. MAIDEN NAME Elizabeth Siebert

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Joseph E. Sutton
(Address) 701 E 20th St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Friendship Cem. Date May 15, 1932

UNDERTAKER Nephew owned due
(Address) 424 1st Ave. Huntington Williamson, W. Va.

FILED MAY 14 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 13, 1932

I last saw her alive on May 13, 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	May 9 '32
Other contributory causes of importance? Mitral insufficiency	?
& Dementia.	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry E. Hyde, M. D.

(Address) 1100 E. Baltimore

Co. 4-H 2400

HEALTH DEPARTMENT—CITY OF BALTIMORE

79699 E 79699

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial (Hospital) (Other)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Mrs Katherine Reid (Kate W. Reid)

(a) Residence: No. 36 Lockwood Gardens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced (HUSBAND) of (or) WIFE of Clarence Reid

DATE OF BIRTH (month, day, year) Nov 14 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Allen Pillard

14. BIRTHPLACE (city or town) (State or country) Vermont

15. MAIDEN NAME Susan E Lafore

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Husband
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Stamford Conn Date May 14 1932

UNDERTAKER Tom Cook & Son
(Address) 24 Washington Terrace, N.J.

FILED MAY 16 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 14, 1932

I last saw her alive on May 12, 1932 death is said to have occurred on the date stated above, at 5.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar (L)	May 6, 1932

Other contributory causes of importance:

Name of operation None Date of H

What test confirmed diagnosis? Clin Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Prance, M. D.
(Address) Union Memorial Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79700

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Bartlett Av St., 9-4 Ward)

Registered No. 131 E 79700

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie E Wardle

(a) Residence: No. 628 Bartlett Av St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew R Wardle

DATE OF BIRTH (month, day, year): Dec 17-1869

AGE: Years 62 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 0

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME Chas E Fairbanks

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Katherine D Suttles

16. BIRTHPLACE (city or town) (State or country): Dont Know

INFORMANT: Jos Wardle

(Address) 628 Bartlett Av

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 14, 1932

UNDERTAKER J Vernon Keidinger

(Address) 132 Hollins St

FILED 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-12-32

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1932 to 5/12/32

I last saw h alive on 5/11/32

Death is said to have occurred on the date stated above, at 5:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	5/1/32
Autopsy due to Cardiac Embolism	5/1/32

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Dam M. D.

(Address) 627 Cath

D. B. 1265-9

E 79701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79701

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marian Cawthon

(a) Residence: No. 28 Saragossa S St., ... Ward. St Augustine Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/1/96

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Fla.

13. NAME Jefferson Cawthon

14. BIRTHPLACE (city or town) (State or country) Ala

15. MAIDEN NAME Mary McCastell

16. BIRTHPLACE (city or town) (State or country) Fla

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place DeFuniak Springs, Florida Date May 14, 1932

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

MAY 14 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to May 14, 1932

I last saw h.e.r alive on May 14, 1932 Death is said to have occurred on the date stated above, at 5 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	5-13-32
Other contributory causes of importance: Right Lateral Sinus Thrombosis	4-22-32
Septicemia.	5-12-32

Name of operation Exploratory Mastoid Date of 5-11-32

What test confirmed diagnosis? Spinal Fluid Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph J. Hill, M. D.

(Address) 2 W. Mt. Vernon Place

No. 5-31 250B

9702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 E 79702

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Fairview Ave. St. 15-41 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Isabella Dawes Miller.

(a) Residence: No. 3409 Fairview Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Miller.

DATE OF BIRTH (month, day, year) August 9. 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William H. Irving.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Georgeinna Button.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Mrs Wm O'Bierndorf

(Address) 3409 Fairview Ave.

BURIAL, CREMATION, OR REMOVAL MAY 16 1932

Place Annapolis Md. Date ... 19...

UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave.

FILED ... Huntington Williams, M.D. Registrar

MAY 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 32 to May 13, 32

I last saw her alive on May 13, 1932, death is said to have occurred on the date stated above, at 12 48 m.

The principal cause of death and related causes of importance were as follows:

Senility — Date of onset ...

Other contributory causes of importance:

Arteriosclerosis — Date of onset Apr 1932

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Mont Ingler, M. D.

(Address) 2938 E Balt

c.—9-30—A. & Co.—250 Bks.

79703 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79703

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2331 Harford Road ST. E-45 (WARD)

2 FULL NAME Herman Oertel

(a) RESIDENCE NO. 2331 Harford Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

DATE OF BIRTH (month, day, and year) Jan 26 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Earl Oertel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Hefler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Earl Oertel

(Address) 2331 Harford Road

Filed 1932, 19 Huntington Williams Registrar

O. C. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-32

17 I HEREBY CERTIFY, That I attended deceased from 5-1-32 to 5-13-32, 19...

that I last saw h... alive on 5-12-32, 19...

and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Lung Hemorrhage

Cerebral Thrombosis

Myocarditis 13

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Fred Burkhardt M.D.

(Address) 2200 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 16 1932

20 UNDERTAKER: Henry Lutz

ADDRESS: 1203 N. Broadway

Co. 5-H 2508

E 79704

9704 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

th of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Johnson

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) ? 1871

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Benjamin Smith

13. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Little Sisters of the Poor

(Address) Preston & Valley

BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date 5/17/ 1932

UNDERTAKER Mrs. George E. Kelly

(Address) 1631 Dave Ave

FILED 5/17 1932 [illegible] Registrar

Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1932, to May 14, 1932

I last saw her alive on May 14, 1932, death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	

Other contributory causes of importance:

Uraemia	3 ds.

Name of operation Clinical & Chemical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. McCarthy, M. D.

(Address) 114 Harford Ave

9705 E 79705

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 53

CERTIFICATE OF DEATH

PLACE OF DEATH University Hospital

TY OF BALTIMORE: (No. ..... St., 4-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...th of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary E. Kernan

(a) Residence: No. 3 Hill Road Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced } Husband of Richard Kernan
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME J T Moffett

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Hill Road Md Date 5/15 19 32

UNDERTAKER Wm J Devereux Son
(Address) 300 Pennsylvania Ave Towson, Md

FILED 5/16/32 Inspector.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to May 14 1932

I last saw her alive on May 14 1932 Death is said to have occurred on the date stated above, at 11:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	5/14/30
Other contributory causes of importance:	
Chronic nephritis	1/1/27
Anemia	5/1/32
Diabetes	1/1/27

Name of operation Suprapubic cystotomy Date of 5-11-32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. Yeager M. D.

5/14/32 (Address) University Hospital

E 79706

79706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Jefferson St., 7-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Emma L Smith

(a) Residence: No. 2432 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced
HUSBAND of
(or) WIFE of Charles A. Smith

DATE OF BIRTH (month, day, year) Sept 25 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

18. NAME .....

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Husband Charles A. Smith
(Address) 2432 Jefferson

BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date May 16, 1932

UNDERTAKER Frank V Kipitzke
(Address) 2811 E Baltimore

DATE RECEIVED 1931932 Huntington Fitz Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1932, to May 13, 1932

I last saw h alive on May 12, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis & softening	Apr. 19
Other contributory causes of importance: Pulmonary Oedema & acute cardiac dilatation	May 12

Name of operation — Date of —

What test confirmed diagnosis? Obvious Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. I Plus, M. D.

(Address) 24 S. Broadway

9707

E 79707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 829 Ashland ST. 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Matthews

(a) RESIDENCE NO. 829 Ashland WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cold carrier & stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): laborer 035

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

Informant (Address): Rosa Matthews 829 E Eastern ave

Filed 5/13/1932, 19 Huntingtown Wilmington, N.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12 1932

17 I HEREBY CERTIFY, That I attended deceased from 4/28, 1932, to 5/12, 1932,

that I last saw h alive on 5/12, 1932,

and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Toxic uraemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Colds & uraemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & symptoms

(Signed) Jno. W. Blake, M. D.

, 19 (Address) 7-4 Fairmount st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury — DATE OF BURIAL: May 16 1932

20 UNDERTAKER: John W Henderson — ADDRESS 1302 E Monument

D. B. 1268-9

79708 HEALTH DEPARTMENT—CITY OF BALTIMORE 79708

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-68 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 27 yrs. ... mos. ... da.

2. FULL NAME Mary Sharf

(a) Residence: No. 1703 N. Bentalou St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Isaac Sharf

DATE OF BIRTH (month, day, year)

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) R.

13. NAME Samuel Sharf

14. BIRTHPLACE (city or town) (State or country) R.

15. MAIDEN NAME Sara Cohen

16. BIRTHPLACE (city or town) (State or country) R.

INFORMANT Mary Sharf
(Address) 1703 N. Bentalou St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 5-15-32

UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

FILED 1932 Hastings to Baltimore MD
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932, to May 13, 1932

I last saw h alive on May 13, 1932. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	5-13-32
	5 hours
Other contributory causes of importance: Carcinoma of the cecum	
Intestinal Resection	

Name of operation ... Date of 5-9-32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. E. Boudman, M. D.

(Address) Sinai Hospital

E 79709

o. 611 2508

709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hospital Ward)

th of residence in city or town where death occurred 6 yrs. 2 mos 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Harry Carre (Nellie M.

(a) Residence: No. 1112 Portland ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
WIFE of Mr. Harry Carre

ATE OF BIRTH (month, day, year) Feb 23. 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

3. NAME William E. Myers

4. BIRTHPLACE (city or town) (State or country) Balto. Md.

5. MAIDEN NAME Elizabeth Kaufmann

6. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date May 17. 1932

UNDERTAKER Chas. S. Blatt
(Address) 712 W. Fayette ave

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27. 1932, to May 14. 1932
I last saw h alive on May 14. 1932 death is said to have occurred on the date stated above, at 9.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer with pancreatitis	3 yrs ago
Other contributory causes of importance: Pyloric obstruction	May 8

Name of operation Gastrojejunostomy Date of May 2, 1932
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel McLanahan, M. D
(Address) Union Memorial Hosp

H. D. B. 1265-9

79715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79710

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 2862 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harvey L. Lindner

(a) Residence: No. 4314 Wentworth Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie M. Lindner

DATE OF BIRTH (month, day, year) Sept 21-1876

AGE	Years	Months	Days	LESS than 1 day, ... hrs. or ..... min.
	55	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brand Mgr 26

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Harvester Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Francis W. Lindner

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Alice Van Horn

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Friends

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Milton, Pa. Date May 16, 1932

19. UNDERTAKER Horace G. Burgee

(Address) 3631 Falls Road

20. FILED May 16 1932 Huntington R. Cheaney, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to May 13, 1932

I last saw h[illegible] alive on May 13, 1932 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset Sept. 1931

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of April 23/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eloise H. Campbell M. D.

(Address) Johns Hopkins Hospital

79711 79711

79711 260 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2004 Ellsworth ST. 8-13 WARD

2-FULL NAME Wm H. Fritz

(a) RESIDENCE NO 2004 Ellsworth ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Fritz

DATE OF BIRTH (month, day, and year) Mar 10-84

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	48	2	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bed Spring
(b) General nature of industry, business, or establishment in which employed (or employer) Manf'g Co
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) City

10 NAME OF FATHER Henry Fritz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

Informant Annie Fritz

(Address) 2004 Ellsworth

Filed 5/16 1932 Registrar
Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) C. W. Wolters, M. D. Coroner

5/13/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 5/16 1932

ADDRESS 2016 Orleans

20 UNDERTAKER Philip Henry

79712 E 79712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 N. Calvert St. 12-50 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude A. Gingrich

(a) Residence: No. 2432 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of William H Gingrich

6. DATE OF BIRTH (month, day, year) Oct 1, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac Pearson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harris Geary

(Address) 2651 Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date May 16, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 14, 1932

I last saw h[illegible] alive on May 14, 1932 Death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	[illegible]

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm P Pearce M. D.

(Address) 17 Paul & Preston Sts

c.—9 30—A. & Co.—250 Bks.

79713

✓ E 79713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No 101 Woodlawn Road ST. 27-53 WARD)

2-FULL NAME Dr. Frederick P. Todd

(a) RESIDENCE NO. 101 Woodlawn Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
White male		married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nelle Stuart

DATE OF BIRTH (month, day, and year) May 9, 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72		5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist 055

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York State

10 NAME OF FATHER Dr. Geo. B. Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Eliza Todd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

Informant Mrs. Nellie M. Todd
(Address) 101 Woodlawn Road

Filed May 17 1932 Huntington Williams, M.D. Registrar
Recorder

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1931, to May 13, 1932

that I last saw h im alive on May 13, 1932

and that death occurred, on the date stated above, at 2.20A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) Arthur J Davis M. D.

5-14. 1932 (Address) 800 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 16, 1932

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Pl.

MOMitchell

9714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79714

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1601-E. Preston Street St., 8-13 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William A. Staylor

(a) Residence: No. 1601- E. Preston Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lula -.(Witts)-----

DATE OF BIRTH (month, day, year) 1/ 24 / 1879

AGE Years	Months	Days	If LESS than 1 day, hours or min.
53	3	18	xxxxxxxx

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station Attendant
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md,

13. NAME Francis Staylor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Martha Bunty

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Iula Staylor

(Address) 1601- E. Preston St.

BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date 5/16/1932

UNDERTAKER George S. Kuth & Son

(Address) 1765 W. Lafayette Ave

FILED 5/16 1932 Huntington H. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1931 to May 11 1932

I last saw HE alive on May 10 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Oct 7, 1929
Paracusis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter W. White Jr. M. D.

(Address) 2500 N. Paca St.

...—9-30—A. & Co.—250 Blks

✓ E 79715

9715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. × 93-004

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 1413 W. Lafayette (St.) 16-22 (WARD)

2 FULL NAME Mary Goldsborough Cockeysville Md

(a) RESIDENCE NO. 1413 W. Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Goldsborough

DATE OF BIRTH (month, day, and year) abt. 1838

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	94			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Not stated

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not stated

12 MAIDEN NAME OF MOTHER Not stated

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not stated

Informant William Donona (Son)
(Address) 1337 Mosher St

Filed 5 1932 Hunting Registrar (Deputy)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to May 14, 1932, that I last saw h[illegible] alive on April 25, 1932 and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis myocardial Insuf.
Senility - Undernutrition

(duration) — yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Physical Exam

(Signed) Benj. M. Baker, Jr. M. D.

5/15, 1932 (Address) 9 E. Chas. St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville, Md. DATE OF BURIAL May 16 1932

20 UNDERTAKER Thomas E. Kalem ADDRESS 1303 Preeman St

79716 U. S.—100 Bks.

E 79716

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 1545 N Gilmor ST. (OR WARD)

—FULL NAME Elmer White

a) RESIDENCE NO. 1545 N Gilmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

gth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) May 13, 1909

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	0	1	

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work Laborer

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

RTHPLACE (city or town) S. C.
State or country)

0 NAME OF FATHER Peter White

1 BIRTHPLACE OF FATHER (city or town) S.C.
(State or country)

2 MAIDEN NAME OF MOTHER Chloie Stevenson

3 BIRTHPLACE OF MOTHER (city or town) S. C.
(State or country)

Informant Peter White Father

(Address) 1545 N. Gilmor St

Filed ... 19 ... Registrar

5 1932 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932 to May 14, 1932

that I last saw him alive on May 10, 1932

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

5/15/32 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homiridal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL May 19, 32

20 UNDERTAKER Thomas E. Kelem

ADDRESS 1303 Pleasant St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 79717

CERTIFICATE OF DEATH

Registered No. 53

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 6 ds. How long in U. S. If of foreign birth?....yrs. ....mos. ....ds.

FULL NAME John Bailey

(a) Residence: No. Onancock Va — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth

DATE OF BIRTH (month, day, year) 10/25/1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas Bailey

14. BIRTHPLACE (city or town) (State or country) Va —

15. MAIDEN NAME Mollie Smith

16. BIRTHPLACE (city or town) (State or country) Va —

INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Onancock Va Date May 15 32

UNDERTAKER Joseph Peter & Son
(Address) 1534 N. Eutaw Ave

FILED ..... 19.... OK Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to May 15 1932

I last saw he alive on May 15 1932 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Main Cause	
Malignant Disease	April 1931
Other contributory causes of importance:	
Cranectomy operation	5-1, 32

Name of operation Cranectomy Date of 5-11-32

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. B. Woodlace, M. D.

(Address) Johns Hopkins Hospital

E 79718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 176

PLACE OF DEATH St. Agnes' Hospital

Registered No. 95-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Wilkens + Caton Ave. Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Harriet Boyer

(a) Residence: No. Selma Ave. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Charles Boyer

ATE OF BIRTH (month, day, year) June 26-1902

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Gilbert Norwood

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Chas. Boyer

(Address) Selma Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5-17, 1932

UNDERTAKER Hilton Brooks & Son

(Address) Wilkens & Hollins Sts

1932 Huntingtn Williams N.P.

Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 14, 1932

I last saw her alive on May 14, 1932 death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Shock	
Other contributory causes of importance: Cholecystitis, Cholelithiasis	

Name of operation Cholecystotomy Date of 5/13/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert Dorsey, M. D.

(Address) St. Agnes Hospital

B. 1268-9

79719

E 79719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 859 Park Ave St., 11-24 Ward)

th of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harry Chas. Keenan

(a) Residence: No. 859 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Maud Keenan

ATE OF BIRTH (month, day, year) Oct 12th 1881

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Lancaster Pa
(State or country)

9. NAME Theodore Keenan

10. BIRTHPLACE (city or town) Pa
(State or country)

11. MAIDEN NAME Emily Schilling

12. BIRTHPLACE (city or town) Pa
(State or country)

NFORMANT Mrs Maud Keenan
(Address) 859 Park Ave

URIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 18th 193

NDERTAKER Wm Cook
(Address) 1217 St Paul st

ILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 1 yr

Other contributory causes of importance:

unknown

Name of operation none Date of ...

What test confirmed diagnosis? Found dead Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ... 19 ...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Had no injury
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify James M Fenton

(Signed) James M Fenton, M. D.
Coroner

(Address) 700 E Chase

E 79720

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79720

CERTIFICATE OF DEATH

Registered No. 59

PLACE OF DEATH

(a) Residence: No. W. Balto Gen Hosp St. 34-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE:

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm Search Life

(a) Residence: No. 1904 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Single, Married, Widowed, or Divorced (write the word)

4. Color or Race

If married, widowed, or divorced

HUSBAND of Lillian M Search

(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 28-85

AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. F. Ford Co.

9. Date deceased last worked at this occupation (month and year) Feb 32

11. Total time (years) spent in this occupation 66

BIRTHPLACE (city or town) (State or country) Md

13. NAME Search

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Lillian M Search

(Address) 1904 Bolton

BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 16th 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 to May 13 1932

Last saw h alive on May 12 1932 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
Hypostatic Pneumonia	

Other contributory causes of importance: Diabetes & Nephritis & Uremia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Clark Coroner M. D.

(Address)

. B. 1268-9

79721 F 79721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

PLACE OF DEATH

Registered No. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3415 Parkington Av. St., (Ward)

th of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Rickels

(a) Residence: No. 3415 Parkington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward H. Rickels

ATE OF BIRTH (month, day, year) Sept 13th 1879

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Charleston
(State or country) S. C.

13. NAME Henry Hemme

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

NFORMANT Edward H. Rickels

(Address) 3415 Parkington Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date May 16th 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1932 Hastings Stop Williamsville N.Y.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to May 13 1932

I last saw her alive on May 12 1932 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	one yr

Other contributory causes of importance:

Edema Lungs	Jan 27 32

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) W. J. Gray M. D.

(Address) 6 W. Read St

79722

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79722

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St Agnes' Hospital

Y OF BALTIMORE: (No. Wilkens & Caton St. ..... Ward)

th of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs. Robert Turner

(a) Residence: No. 121 W. Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W. White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Turner

ATE OF BIRTH (month, day, year) May 25th 1878

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3		11	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Warehouse
8. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Joseph Turner

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Rebecca V.

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Elizabeth Turner
(Address) 121 W. Barre St

BURIAL, CREMATION, OR REMOVAL
London Park Cem Date May 15th 1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... Huntington Williams, M.D.
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to May 14, 1932

I last saw him alive on May 15, 1932 death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Cardiac failure	
Pneumonia - lobar	6 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hyalmar S Anderson M. D.

(Address) St Agnes Hospital

D. B. 1268-9

79723 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79723

CERTIFICATE OF DEATH

93-004

Registered No. 28-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Glasse

(a) Residence: No. 2508 Hillsworth Road, Hillsdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas Glasse

6. DATE OF BIRTH (month, day, year) Mar. 12, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll County Md.

13. NAME David Balling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rebecca Porter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudoun Cemetery Date May 17th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1932 Hunting [illegible] Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1930 to 5-14 1932

I last saw her alive on 5-14 1932 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1927

Other contributory causes of importance:

Arteriosclerosis	Unknown
Myocardial insufficiency	1928
Coronary thrombosis	5-14-32

Name of operation Clinical Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) James H. Cleary M. D.

(Address) Balto City Hosp.

...—9-30—A. & Co.—250 Blks.

79724 E 79724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X V 108

1. PLACE OF DEATH

REGISTERED No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6203 York Road) (Ward) 27-44

2. FULL NAME John P. O Hanlon Jr

(a) RESIDENCE No. Long Green Balto Co Md (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Irene Catherine Hanlon

6 DATE OF BIRTH (month, day, and year) Nov 21, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	23	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: G A Martin

8 BIRTHPLACE (city or town) (State or country): Baltimore Md

9 NAME OF FATHER: John P Hanlon Sr

10 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Patrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mrs P Hanlon Sr
(Address): 6203 York Road

Filed MAY 16 1932 Hunting ... Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14th 1932

17 I HEREBY CERTIFY, That I attended deceased from May 13th, 1932, to May 14th, 1932

that I last saw him alive on May 14th, 1932

and that death occurred, on the date stated above, at 11 30 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Baltimore City Hospitals Department.

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms.

(Signed) A E Chaffant M. D.

May 17 1932 (Address) 6205 York Road.

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cemetery Long Green Md — DATE OF BURIAL: May 18th 1932

20 UNDERTAKER: Wm Cook — ADDRESS: 421 E Fayette St

B. 1268-9

E 79725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 92 McCulloh St., 11-24 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Piney Robinson

(a) Residence: No. 92 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Female	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jas Robinson

DATE OF BIRTH (month, day, year) Apr 2-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1 Yr

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME John Fox

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Annie Gregory

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Jas Robinson

(Address) 92 McCulloh

18. BURIAL, CREMATION, OR REMOVAL Date 5/16/24

Place Mt. Auburn

19. UNDERTAKER Mrs. Geo. E. Colgan

(Address) 1001 Druid Hill Ave

20. FILED 5/16 1932 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13 1932, 19..

I last saw h alive on May 13 1932, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Sudden
Syphilis	1 year

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Lieb, M. D.

Coroner

(Address)

E 79726

79726 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V97

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1618 Bolton St. St. 14-20 Ward)

If death of resident in city or town where death occurred 77 yrs. 0 mos. 28 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Elizabeth Small

(a) Residence: No. 1618 Bolton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of ********
(or) WIFE of

DATE OF BIRTH (month, day, year) April 17, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME William H. Small

14. BIRTHPLACE (city or town) South Carolina
(State or country)

15. MAIDEN NAME Agnes S. Pentz

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

INFORMANT Miss Elanor F. Hellen

(Address) 1618 Bolton St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May, 17 1932

UNDERTAKER Robert L. Little

(Address) 2700 Edmondson Ave.

FILED 5-21-1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1932 to 5/14, 1932

I last saw h[illegible] alive on 5/14, 1932 death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Bronchial Asthma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William L. Lee M.D.

(Address) 1701 E. Monument St

E 79727.

79727 S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 V

PLACE OF DEATH Maryland General Hospital REGISTERED NO. 15-64

Y OF BALTIMORE, (No.) ST., WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Annie Schreiber

) RESIDENCE NO. 2604 Guilford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married.

married, widowed, or divorced
HUSBAND of
(or) WIFE of Nathan Schreiber

E OF BIRTH (month, day, and year) Sept 16, 1895

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	—	

UPATION OF DECEASED

Trade, profession or
rticular kind of work Housewife

General nature of industry,
siness, or establishment in
ich employed (or employer)

Name of employer

THPLACE (city or town)
tate or country) Russia

NAME OF FATHER Solomon Wittenberg

BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

MAIDEN NAME OF MOTHER Dora Pugatch

BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

Informant Hospital records

(Address)

Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16-1932

17 I HEREBY CERTIFY, That I attended deceased from 4-1—, 1932, to 5-16—, 1932,

that I last saw h e alive on 5-16—, 1932

and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

@ Metastasis to abdominal

organs & lungs (duration) yrs. 4 mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan, 1932

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert X. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosedale Cemetery — DATE OF BURIAL 5-16 1932

20 UNDERTAKER Jack Levis Jr. — ADDRESS 1439 E Baltimore St

Director

9728 A. T.—250 Blks

E 79728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 N. Duncan ST., 1-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Marshall,

3) RESIDENCE NO. 933 N. Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed or divorced (or) HUSBAND of (or) WIFE of: James Marshall

6 DATE OF BIRTH (month, day, and year): March 17 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

10 NAME OF FATHER: Henry Rippekl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: James Marshall

(Address) 933 N. Duncan

Filed 6 1932 [illegible] Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/15/32.

17 I HEREBY CERTIFY, That I attended deceased from 5/11, 1932, to 5/15, 1932,

that I last saw him alive on 5/14, 1932,

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Sigl. Sittinger, M. D.

19 (Address) 1307 E. Close

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem.

DATE OF BURIAL: May 18 1932

20 UNDERTAKER: Jos. J. Derr 1564

ADDRESS: Luzerne

2-29-28—L. F. S.—500 Bks.

79729 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-003 E 79729

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 802 Madison ave ST. 11-24 WARD)

—FULL NAME Miss Martha (Mattie) J. Brant

) RESIDENCE NO. 802 Madison ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

th of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
med	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) June 24 1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	21	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work None

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) Baltimore
tate or country) New Jersey

NAME OF FATHER Erastus Brant

BIRTHPLACE OF FATHER (city or town) N. J.
(State or country)

MAIDEN NAME OF MOTHER Margaret Miller

BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Mrs. E. Franck
(Address) 802 Madison ave

Filed 1932, 19 Huntington Williams, M. D.
Registrar

51932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1932

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to May 15, 1932,
that I last saw h alive on May 14, 1932
and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Pneumonia Hypostatic

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. 2 mos. 7 days

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) John A. Brann, M. D.

, 19 (Address) 612 N 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 17 1932
20 UNDERTAKER	ADDRESS
Jas. E. Franck	802 Madison ave

E 79730

79730 HEALTH DEPARTMENT—CITY OF BALTIMORE

1186-001

CERTIFICATE OF DEATH

PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 15-61 Ward)

th of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs Hattie A Hanson

(a) Residence: No. 3900 Norfolk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William H Hanson

ATE OF BIRTH (month, day, year) Mar 4 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) April 16 32 — 11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Roanoke City Va

13. NAME William Peasley

14. BIRTHPLACE (city or town) (State or country) Roanoke City Md.

15. MAIDEN NAME Sarah Parker

16. BIRTHPLACE (city or town) (State or country) Roanoke City Md

INFORMANT (Address) William T. Hanson 3900 Norfolk Ave

BURIAL, CREMATION, OR REMOVAL Laurel Ridge Date 5/16 1932

UNDERTAKER Robt Brooks & Son

(Address) Calhoun & Hollins Sts

FILED MAY 16 1932 Huntington Wilkes Co. W.Va. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932 to May 14, 1932

I last saw h er alive on May 14, 1932 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1 yr
Arteriosclerosis	2 yrs

Other contributory causes of importance:

Fracture of femur (L.p)	April 11, 32
Uremia	April 12, 32

Name of operation ..... Date of .....

What was confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore Gen'l Hosp

E 79731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79731

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 33 E. Ostend ST. 23-33 WARD

2-FULL NAME Henry Schwemm

(a) RESIDENCE NO. 33 E. Ostend ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine L Schwemm

6 DATE OF BIRTH (month, day, and year) Dec 26 1870

If LESS than 1 day, hrs. or min	Days	Months	Years
	16	4	61

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Christian Schwemm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Gartner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Catherine L. Schwemm

(Address) 33 E. Ostend St.

Rec'd JUN 6 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1932

17 I HEREBY CERTIFY, That I attended deceased from May 3 1932, to May 12 1932,

that I last saw him alive on May 12 1932

and that death occurred, on the date stated above, at 1.50 p m

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardio-Renal Disease

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Signs

(Signed) Carter, M. D.

6/13/32 (Address) 4052 Ostend Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL—CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 16 1932

20 UNDERTAKER E Schlosman & Son

ADDRESS 1039 Hanover st

—9 30—A & Co.—250 Blks

732

E 79732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1715 Jackson ST. 24-34 WARD)

2 FULL NAME Dorothy Ernestina Neugebauer

(a) RESIDENCE NO. 1715 Jackson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Wm Neugebauer

DATE OF BIRTH (month, day, and year) June 8-1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	10	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Gottlieb Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Flick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs Bertha Bleem 1406 Jackson St

Filed 19 Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15-32

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 15, 1932

That I last saw h[illegible] alive on May 14, 1932

and that death occurred, on the date stated above, at 6.35 a m.

The CAUSE OF DEATH* was as follows:

Decompensated Mitral Regurgitation

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. J. a Lewis M. D.

5/14, 19 32 (Address) 2878 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL May 18 1932

20 UNDERTAKER E. Schloman & Son

ADDRESS 1039 Hanover St

. B. 1268-9

E 79733

79733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) #5223 Leiselstone Rd. 27-55 Ward.

th of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lucy C. Bryan

(a) Residence: No. #5223 Keelerstone Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm J Bryan

ATE OF BIRTH (month, day, year) Nov 17th 1852.

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	5	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va

13. NAME Robt Mae Kidder

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Rose

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Wm A Bryan

(Address) 5223 Keelerstone Rd.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Olivet Cem Date 5/16/ 1932

19. UNDERTAKER John J Cowan & Son

(Address) 2121 Pulton St

20. FILED MAY 16 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/ 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 8. 1932 to May 14. 1932

I last saw ... alive on May 14 1932 Death is said to have occurred on the date stated above, at 6.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	5/8/32

Other contributory causes of importance:

Chronic Int Nephritis	1 year

Name of operation none Date of ...

What test confirmed diagnosis? Rays Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. Huntington Williams, M. D.

(Address) 838 Fawn Ford St

Co. 5-31 250E

E 79734

34

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1603 Cliftview Ave St., 8-45 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Emma E Lomax

(a) Residence: No. 1603 Cliftview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W n	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Harris M Lomax

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hswk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm E Austen

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Frances Pratten

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Harris M Lomax
(Address) 1603 Cliftview Ave

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 5/16/32 19

UNDERTAKER [illegible]
(Address) 1318 Light St

FILED 5-16-1932 Huntington Williams, M.D.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/9/32, 19..., to 5/13/32, 19...
I last saw h[illegible] alive on 5/13/32 death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Bronchitis Pulmonary	5/8/32
Oedema	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C H Warfield M. D.
(Address) 817 Park Ave

ec.—1-10-21—M&T—1500 Bks.

E 79735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Callender St ST. 18-29 WARD)

2-FULL NAME Amelia Lutz,

(a) RESIDENCE NO. 118 Callender St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

If married, widowed, or divorced (HUSBAND of) or WIFE of: Frank J. Lutz.

DATE OF BIRTH (month, day and year): Aug 14. 1866.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): Housework.

(c) Name of employer: Self.

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Conrad Brody.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Amelia Brody

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Frank J. Lutz, Jr.

(Address): 118 Callender St.

Filed MAY 16 1932

Registrar: Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from May. 10. 1932. to May. 14. 1932.

that I last saw her alive on May. 14. 1932.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

4

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Chronic Int. Nephritis.

(duration) 1 yrs. — mos. — da.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Chas. Norton, M. D.

5/16, 1932 (Address) 882 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL. 5/16 1932

20 UNDERTAKER: H. C. Brauning & Son

ADDRESS 1136 Poplar Grove St

—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓ E 79736

REGISTERED NO.

79736

1-PLACE OF DEATH

Y OF BALTIMORE: (NO. 1022 N. Fulton Ave. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jannie L. Hobbs

(a) RESIDENCE. NO. 1022 N. Fulton Ave. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) March 1-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 69

(b) General nature of industry, business, or establishment in which employed (or employer) Gas Meter

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Howard Co Md

10 NAME OF FATHER Thos B. Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Catherine A. Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

Informant Miss Elsie L. Hobbs

(Address) 1022 N. Fulton Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1923, to May 16, 1932,

that I last saw her alive on May 14, 1932,

and that death occurred, on the date stated above, at 1050 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. P. Johnson, M. D.

5-15, 1932 (Address) 403 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Almond Ridge

DATE OF BURIAL May 16 1932

20 UNDERTAKER H. J. Jackson, Mrs

ADDRESS Md

Huntington Williams, N.Y.

MAY 16 1932

B. 1268-9

9737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79737.

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No.) 3615 Howard Park Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John R. Robust

(a) Residence: No. 3615 Howard Park St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed or divorced HUSBAND of (or) WIFE of Maggie R. Robust

TE OF BIRTH (month, day, year) Feb. 27 - 1860

E	Years	Months	Days 6	If LESS than 1 day, hrs. or min.
	72	2	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Md

(State or country)

3. NAME John P. Robust

4. BIRTHPLACE (city or town) Md.

(State or country)

5. MAIDEN NAME Sarah Fishpaw

6. BIRTHPLACE (city or town) Md

(State or country)

NFORMANT Mrs Maggie Robust

(Address) 3615 Howard Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 16 '32

UNDERTAKER Wm J. Tuckwell Son

(Address) North & Penn.

FILED 1932 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to May 13, 1932

I last saw h alive on May 13, 1932 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cerebral Embolism	May 10

Other contributory causes of importance:

Myocarditis	1931

Name of operation — Date of —

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Samuels M. D.

(Address) 4209 Liberty Hgts Ave

Co. 5-11 2508

79738 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79738

CERTIFICATE OF DEATH

93

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1807 Wilhelm St. 14-28 Ward

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Cox

(a) Residence: No. 1807 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Allie W. Cox

6. DATE OF BIRTH (month, day, year): March 4th 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 06
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ohio

INFORMANT: Mrs. Allie W. Cox
(Address) 1807 Wilhelm St.

BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: May 7, 1932

UNDERTAKER: George L. Shoaf
(Address) 4101 Frederick Ave.

FILED: MAY 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 32, 19..., to 5/14, 1932

I last saw h— alive on 5/11, 1932 death is said to have occurred on the date stated above, at 4:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Other contributory causes of importance: Cerebral thrombosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) H. Humbert Lee, M. D.
Director (Address) 704 Cathedral St.

E 79739

9739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .... St. 7-13 Ward)

Length of residence in city or town where death occurred 1 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

FULL NAME Ethel Higgins

(a) Residence: No. 720 N. Bond St. ST Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/1/30

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	17	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Higgins Jr.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mattie Hicks

16. BIRTHPLACE (city or town) (State or country) Va - Car -

INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 5-16 1932

UNDERTAKER Brown & Mamie Wright
(Address) 12 W. Biddle St

FILED 5-16-1932 Huntington Williams, M.D.
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 13 1932

I last saw her alive on May 13 1932 Death is said to have occurred on the date stated above, at 9 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	1931
T.B. Meningitis	May 1932

Other contributory causes of importance:

Name of operation — Date of ....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury —

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hospital

5-31 250B

Shorter

9740 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79740

CERTIFICATE OF DEATH

133 v

PLACE OF DEATH Balto City Hospitals 18-26 St., (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.....

th of residence in city or town where death occurred 45 yrs. 4 mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Shorter

(a) Residence: No. 238 Rock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

6. If married, widowed, or divorced WIFE of HUSBAND of Annie Shorter

7. DATE OF BIRTH (month, day, year) 1-4-1887

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	4	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

11. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER John H. Shorter

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Lottie Purnell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date May 17 1932

19. UNDERTAKER Ida Snowden

(Address) 1720 E. Madison St

20. FILED 1932 Huntington Williams M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1932, to 5-14, 1932

I last saw ~~him~~ alive on 5-14 1932 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Granuloma Inguinale	July 1931
Pyonephrosis	Feb 1932

Other contributory causes of importance:

Uremia	5-7-32

Name of operation No Date of —

What test confirmed diagnosis? CS. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Luther E. Little, M. D.

(Address) Balto City Hospitals

E 79741

79741 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1001 W. Saratoga ST. 18-26 (WARD)

2-FULL NAME Elizabeth Robinson

(a) RESIDENCE NO 1001 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Robinson

DATE OF BIRTH (month, day, and year) Oct ? 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	7	2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry Work
(b) General nature of industry, business, or establishment in which employed (or employer) Ott
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Jacob Augustus Gatto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Caroline Augustus

(Address) 224 N Carlton St

Filed 5/13 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

5/13, 1932 Address 5203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 16, 1932

20 UNDERTAKER Miss Katie R. Williams

ADDRESS 322 N. Howard St.

79742

E 79742

Dec. 5-10-21 — M&T — 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 E Fayette ST., 6-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kraft Mensersmith

(a) RESIDENCE NO. 3107 E Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Mensersmith

DATE OF BIRTH (month, day, and year): Nov 25 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	75	5	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Charles Mensersmith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise A. Simonic

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Elmer Minnersmith

(Address) 13 Leeds Ave

Filed Aug 16 1932, 19 Huntington Williams, N.D. Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to May 14 1932, that I last saw him alive on May 14 1932, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symptoms

(Signed) Fred G Fenwick, M. D.

, 19 (Address) 2516 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: May 17 1932

20 UNDERTAKER: Forrest & Son

ADDRESS: 800 W North Ave

E 79743

9743 T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
(a) OF BALTIMORE: (No.) 3003 Wylie Ave ST. 27-56 WARD
2. FULL NAME Alice Doris Eise
(b) RESIDENCE NO. 3003 Wylie Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
(c) Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

(If married, widowed, or divorced
(a) HUSBAND of
(b) or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9-1896

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — do
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) West New York
(State or country) New Jersey

10 NAME OF FATHER Henry Eise

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Hattie Tiedt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Henry Eise
(Address) 3003 Wylie Ave

Filed MAY 16 1932 Registrar Hunting for Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 / 32

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to May 15, 1932, that I last saw her alive on May 12, 1932 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Sarcomatosis
Chronic Endocarditis } 15 Yrs.
" Myocarditis
(duration) 1 yrs. 2 mos — da.

CONTRIBUTORY (Secondary) Diabetes Mycocardial Arteriosclerosis
(duration) — yrs. — mos. 5 da.

18 Where was disease contracted if not at place of death? 3003 Wylie Ave
Did an operation precede death? yes Date of Sept 1931
Was there an autopsy? No.
What test confirmed diagnosis? Microscopic Section.

(Signed) W. B. Levin, M. D.
5/16/32 (Address) 1800 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL May 18 1932

20 UNDERTAKER Jerusalem Lodge No. 200 A. F. & A. M. — ADDRESS

9744 ✓ E 79744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

th of residence in this town where death occurred 1 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Walter Marvin Garriott jr.

(a) Residence: No. Woodlawn Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

ATE OF BIRTH (month, day, year) Oct 11/1930

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	7	3.	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Co
(State or country) Md.

13. NAME Walter M. Garriott

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Gussie E Zepp.

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

INFORMANT Walter M. Garriott
(Address) Woodlawn Md

BURIAL, CREMATION, OR REMOVAL
Place Wm. Hamilton Date May 17th 1932

UNDERTAKER Walter Lange
(Address) 2418 Pleasant Ave

MAY 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 14, 1932

I last saw him alive on May 14, 1932. Death is said to have occurred on the date stated above, at 11 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Left.	4/12/32

Other contributory causes of importance:

Empyema, Left.	?
Paralytic Ileus	?

Name of operation Thoracotomy Date of 4/30/32

What test confirmed diagnosis? Sign & Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) J. H. Storabaker, M. D.

(Address) Univ. Hosp.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B 79745

CERTIFICATE OF DEATH

92-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1002 W. Fayette St. 18-Ho Ward)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Maurice J. Costello

(a) Residence: No. 1002 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

f married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) April 24, 1873

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	—	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter's helper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worked for various contractors

9. Date deceased last worked at this occupation (month and year) December 1931

11. Total time (years) spent in this occupation 20 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John T. Costello

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary J. McGovern

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Ella Branning

(Address) 1002 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 17, 1932

UNDERTAKER F. Vernon Kellner

Address 2132 Fallsway

D 1932 Huntingtown, Maryland

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1931, to May 13, 1932

I last saw him alive on May 13, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteritis	Ca. Nov.
Valvular heart disease	Dec-31
Acute cardiac dilatation	5-13-32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry C. Ohle M. D.

(Address) 1203 W. Fayette St.

S. R. 1268-9

9746 E 79746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 421 S. Dean St. 26-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ida Schroeder

(a) Residence: No. 3715 Foster Ave. Ward. 26

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Schroeder

DATE OF BIRTH (month, day, year) March 1st 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frederick Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann Beier

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Elizabeth Feuer

(Address) 3715 Foster Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 18, 1932

UNDERTAKER Fidler & Parker Inc

(Address) 1 E. Lexington St.

FILED May 19, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931 to May 14, 1932

I last saw her alive on May 14, 1932 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1930
Cardiovascular arteriosclerosis	1930
Cerebral Hemorrhage	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maud J. Callaway M. D.

(Address) 3507 Fairview

79747 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79747

CERTIFICATE OF DEATH

+ 163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-30 (WARD)

2-FULL NAME Jack Migdol

(a) RESIDENCE NO 834 83rd Ave. (St.) Mt. Vernon (Town) N.Y.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Migdol

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Harris Migdol

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Freida A —

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

Informant Mrs. Sarah Migdol

(Address) Mt Vernon N.Y.

Filed MAY 16 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by Carbolic Acid

Suicide (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Hotel Biltmore

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Eugene Zillert, M. D. Coroner

5/16 1932 Address 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 5-16 1932

20 UNDERTAKER Jack Levin Inc

ADDRESS 1439 E. Balto.

S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79748

79748

CERTIFICATE OF DEATH

117-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto City Hospitals St., ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alex Woodland

(a) Residence: No. 131 N. Exeter St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	mar.

If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Woodland.

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md

13. NAME Alex Woodland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sulah Monroe

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

UNDERTAKER

(Address)

FILED 1932 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 .19 32

22. I HEREBY CERTIFY, That I attended deceased from 4-9-32, 19..., to 5-10 ..., 19 32

I last saw him alive on 5-10 19 32 death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis.	
Cholelithiasis	unknown
Duodenal ulcer	1 yr (?)
Other contributory causes of importance:	
Internal Hemorrhage from ulcer	1 da

Name of operation Cholecystogastrostomy Date of 4-23-32

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Luther E. Hunter M. D.

(Address) Balto City Hospitals

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9749 E 79749

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals 22-30 34 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. ..... Ward)

gth of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Jesse Reese

(a) Residence: No. 602 Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Flossie

ATE OF BIRTH (month, day, year): May 17, ?

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32 ?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

8. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

BIRTHPLACE (city or town): ?
(State or country): S.C.

3. NAME: Hail Reese

4. BIRTHPLACE (city or town): ?
(State or country): S.C.

5. MAIDEN NAME: Grace McQuillen

6. BIRTHPLACE (city or town): ?
(State or country): S.C.

NFORMANT: Records of
(Address): Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

UNDERTAKER ...
(Address) ...

9 1932 Huntington, W.Va. ... Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to May 12, 1932

I last saw him alive on May 12, 1932. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis Aortic Aneurism	Feb 1932
Other contributory causes of importance: Myocardial insufficiency	Mar 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elmer Highberger M. D.

(Address) Balto. City Hosp.

c—9 30—A & Co.—250 Blks

9750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 79750

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 7 Temple ST. 5-8 WARD)

2. FULL NAME Phyllis Archer

(a) RESIDENCE NO 7 Temple St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
F	C	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 yrs			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

Informant Friend

(Address) Huntington, Williams, W. Va.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21st 1932

17

I HEREBY CERTIFY, That I attended deceased from April 9 . 1932 . to 19

that I last saw her alive on April 9th . 1932

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Advanced pulmonary tuberculosis

Chronic (duration) 1 yr. yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? ?

What test confirmed diagnosis? Clinical exam.

(Signed) H A Davis M. D.

. 19 (Address) 120 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: May 6 19 32

20 UNDERTAKER

ADDRESS

61932 MOSQUITO

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9751 E 79751

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 613 W. Lafayette St. Ward 15-21

th of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs E. Clifford

(a) Residence: No. 613 W. Lafayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Hooper-Clifford

ATE OF BIRTH (month, day, year) 1893

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

9. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edw. Clifford

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hunt

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Virginia Clifford

(Address) 613 W. Lafayette St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Md. Date 5-17- 1932

UNDERTAKER Daniel Easter

(Address) 916 Pennsylvania Ave

FILED 5-17-1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Jaundice	1 mo

Other contributory causes of importance:

Name of operation Lapatomy Date of 5-8

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leslie Smith, M. D. Coroner

(Address) Penna

D. B. 1268-9

9752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79752

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5220 Denmore ave St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy White

(a) Residence: No. 5-220 Denmore ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	Col.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18, 78

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hse/and accepted 600

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Richd. Chisholm

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lucinda Chisholm

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sadie Braxton

(Address) 5-220 Denmore ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Taunton Md Date 5-17 1932

19. UNDERTAKER Dent & Baker

(Address) 916 Hunting Park Ave

20. FILED 5-16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May X, 1932, to May 14, 1932

I last saw h[illegible] alive on May 13, 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Endocarditis	2 yrs. ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Physician's and autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. T. Schmuck, M. D.

(Address) 3310 Virginia Parkway

—M & T—100 B—50L

79753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79753

CERTIFICATE OF DEATH

93-84

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Welsh Court. ST. 32 WARD 30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Warner.(C)

(a) RESIDENCE NO. 529 Welsh Court. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

If married, widowed, or divorced (HUSBAND) of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	----------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond, Va.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Police Report. S.D.

(Address)

Filed ..... 1932 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt X Coroner, M. D.

5/14/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

M. & T.—100 B—50L

79754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79754

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Dallas ST. 3-4 WARD)

2-FULL NAME Retyre Hart

(a) RESIDENCE No. 430 S. Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

DATE OF BIRTH (month, day, and year): 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	31	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

BIRTHPLACE (city or town) (State or country): W. Va.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant .....

(Address) .....

Filed May 6, 1932, 192 Huntington Williams, M.D. Registrar

THE MORGUE. [illegible] Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B F Hergand M. D. Coroner

May 14, 1932 (Address) 1305 N Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Md

DATE OF BURIAL: May 16 19 32

20 UNDERTAKER .....

ADDRESS .....

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9755 E 79755

CERTIFICATE OF DEATH

Registered No. 15

PLACE OF DEATH

Y OF BALTIMORE: (No. Pronounced dead at 35 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Henry Sturm

(a) Residence: No. 26 Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Unknown

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 54			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

12. NAME "

13. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Eastern Police Dept
(Address)

BURIAL, CREMATION, OR REMOVAL
Date ..... 19...
Place Commissioner Health.
UNDERTAKER
(Address)
FILED ..... 19... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...
I last saw h... alive on ..... 19... about 2 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Probably Acoholism — Date of onset

Other contributory causes of importance: Found on sidewalk at 919 Watson St

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Wallis, M. D.
Coroner
(Address) 508 6 Iron St

B. 1268-9

79756 HEALTH DEPARTMENT—CITY OF BALTIMORE 79756

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1804 Harlem St. 16-23 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Della Costello

(a) Residence: No. 1804 Harlem St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: WIFE of (or) HUSBAND of: John J. Costello

DATE OF BIRTH (month, day, year): 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

11. Date deceased last worked at this occupation (month and year): 10 Dec 31

12. Total time (years) spent in this occupation: 1 year

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Mark Kady

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: John J. Costello

(Address): 1804 Harlem

BURIAL, CREMATION, OR REMOVAL

Place: St Peters Cem Date 5/18/ 1932

UNDERTAKER: John F Conway & Son

(Address): 904 Huntington Ave Williams, N.Y.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on August ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Lenk Coroner, M. D.

(Address) Edmondson

—M. & T.—100 B—50L

79757

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 79757

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. WARD 49-27

2-FULL NAME John Williams

1a) RESIDENCE NO. 208 N. Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Odº
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Norfolk Virginia

10 NAME OF FATHER Robert Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Virginia

12 MAIDEN NAME OF MOTHER Bertha Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk Virginia

Informant Jennie Williams

(Address) 208 N. Gilmor St

Filed ..... Huntington Williams, Registrar

1932 ..... (Director)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo. N. Strowswell, M. D. Coroner

5/16 1932 (Address) 1329 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL May 18 1932

20 UNDERTAKER Joseph A Lively

ADDRESS 4099 Monument St

. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9758 E 79758

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Sydenham Hospital St. W-27 Ward)

th of residence in city or town where death occurred 2 yrs. 8 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harvey Kenney

(a) Residence: No. 1926 Lanvale Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 8/17/29

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME William Kenney

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Helen Wilson

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT William Kenney
(Address) 1926 Lanvale Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auy Md Date May 17, 1932

UNDERTAKER Joseph A Libely
(Address) 409 N Mount Street

FILED MAY 16 1932 Hinkley Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/12/32, 19 ..., to 5/15/32, 19 ...

I last saw him alive on 5/15/32, 19 ... death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	?

Other contributory causes of importance:

Tuberculous Meningitis	5/4/32

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 79759

9759

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4533 Pimlico Rd St. 27-56 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Stern

(a) RESIDENCE NO. 4533 Pimlico Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Stern

6 DATE OF BIRTH (month, day, and year): June 17 1855

7 AGE — Years: 76 Months: 10 Days: 24 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto MD

PARENTS

10 NAME OF FATHER: Aaron Greenhood

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Babet Appel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Benj. Stern (Address) 4533 Pimlico Rd

15 1932 Huntington Williams M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 16/32

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 th, 1931, to May 14 th, 1932

that I last saw h[illegible] alive on May 14 th, 1932,

and that death occurred, on the date stated above, at 6309 m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial nephritis

arteriosclerosis

uraemia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos 5 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Ante mortem

(Signed) H. J. Sanborn, M. D.

19 (Address) 1192 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shomrei Hadath Cemetery

Date of Burial: May 18 1932

20 UNDERTAKER: J. Amano & Co

ADDRESS: 2432 Eastern Ave

2-29-28—L. F. S.—500 Bks.

79760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

E 79760

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE: (No. 300 E. 30th ST. 12-50 WARD)

—FULL NAME Eleanor M. S. Manken

) RESIDENCE NO. 300 E 30th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

married, ~~XXXXXXXXXX~~ ~~XXXXXX~~ of
(or) WIFE of John H. Manken

TE OF BIRTH (month, day, and year) Sept 7.1867

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	8	

UPATION OF DECEASED

Trade, profession or ticular kind of work: house wife

General nature of industry, iness, or establishment in ich employed (or employer)

Name of employer

THPLACE (city or town) tate or country): Baltimore Co. Maryland

NAME OF FATHER Josias Green

BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Maryland

MAIDEN NAME OF MOTHER Eleanor Stansbury

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Marylamd

Informant John H. Manken

(Address) 300 E 30th St

Filed 1932, 19 Huntington Williams, N.S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15.1932

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1927, to May 15, 1932

that I last saw h[e] alive on May 15, 1932

and that death occurred, on the date stated above, at 2;15 P m.

The CAUSE OF DEATH* was as follows: uterus

Carcinoma of uterus & rectum.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) hyp. Nephritis

(duration) 4½ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Mucus.

(Signed) C. H. Meyer, M. D.

5/15, 1932 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 17, 1932

20 UNDERTAKER: Hughes Funeral Home 424

ADDRESS: N. Broadway

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

761

CERTIFICATE OF DEATH

12 E 79761

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Franklin Square Hospital

TY OF BALTIMORE: (No. Fayette & Calhoun St., Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Gauss

(a) Residence: No. 1448 Battery Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced WIFE of (or) HUSBAND of Florence Gauss.

DATE OF BIRTH (month, day, year) April 22, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jacob Gauss

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Florence V. Gauss

(Address) 1448 Battery Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date May 17 1932

UNDERTAKER A. E. Arnold & Sons

(Address) 3 E & Fayette Ave

Huntington Williams M.D.
Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 14, 1932

I last saw h im alive on May 14, 1932 death is said to have occurred on the date stated above, at 11 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	5/13/32

Other contributory causes of importance:
Ulcerated Colitis

Name of operation Herniotomy & Appendectomy Date of 5/11/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eldred Roberts, M. D.

(Address) Fayette & Calhoun St. Balto Md.

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 79762

CERTIFICATE OF DEATH

9762

REGISTERED NO. 27-43

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 6063 Harford Road St., WARD)

—FULL NAME William L. Holland.

) RESIDENCE NO. 6063 Harford Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
white	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth M. Holland.

TE OF BIRTH (month, day, and year) June 10, 1877

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	5	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Car Inspector.

) General nature of industry, siness, or establishment in hich employed (or employer) Penna R.R. Co.

) Name of employer

RTHPLACE (city or town) Md.
tate or country)

) NAME OF FATHER Samuel Holland.

BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

2 MAIDEN NAME OF MOTHER Annie F. Evans

3 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

Informant Elizabeth M. Holland.

(Address) 6063 Harford Road

Filed May 16, 1932 Huntington Williams Registrar

H. A. Bolton Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to May 15, 1932, that I last saw h alive on May 13, 1932, and that death occurred, on the date stated above, at 11:17 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Thomas Harrington Hill M. D.

(Address) 1401 E 25th St

5/16/1932

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park.

DATE OF BURIAL May 18, 1932

20 UNDERTAKER Thomas H. Love

ADDRESS 3615 Shirley Ave

2-29-28—L. F. S.—500 Bks.

79763

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-002

E 79763

CERTIFICATE OF DEATH

REGISTERED NO.

PLACE OF DEATH

Y OF BALTIMORE: (No. 3706 Hickory Ave. ST. 13-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Bertha C. Garside.

) RESIDENCE NO. 3706 Hickory Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
nale	white	Divorced

married, widowed, or divorced
HUSBAND of
(or) WIFE of Stewart Garside.

TE OF BIRTH (month, day, and year) Dec 19, 1889.

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	25	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Housework 077

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) Md.
tate or country)

) NAME OF FATHER George P. Smith

BIRTHPLACE OF FATHER (city or town) Md
(State or country)

MAIDEN NAME OF MOTHER Romaine Reigel

BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Romaine Smith

(Address) 3706 Hickory Ave.

Filed 6 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to May 14, 1932,

that I last saw her alive on May 14, 1932

and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Pressure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Syphilis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical symptoms

(Signed) C. F. Cruikshank, M. D.

5/16, 1932 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL May 17 1932

20 UNDERTAKER Thanhouser Sons — ADDRESS 3615 Chestnut Ave.

B. 1268-9

764 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79764

CERTIFICATE OF DEATH

23 Registered No.

PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. 21-34 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Rodgers

(a) Residence: No. 1103 Ridgely st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Clara Rodgers

ATE OF BIRTH (month, day, year) March 5, 1865

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glassworker
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
9. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Peter Rodgers

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Scotland

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place London Park Date May 12 19 32

NDERTAKER Wm Cook
(Address) 1217 St Paul St

ILED 1932 19 AKB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to May 16, 1932

I last saw him alive on May 16, 1932 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lawrence A. Sens M. D.
Address Baltimore City Hospitals

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9765

CERTIFICATE OF DEATH

107-E 79765

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto. City Hosp. St. S-17 Ward)

gth of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Richard W. Marshall

(a) Residence: No. 1826 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) Mar 18, 1849

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm. R. Marshall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louisa Miller

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records of Balto City Hosp.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 17 a 1932

UNDERTAKER Wm Cook
1217 St Paul st

1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1929 to 5-14 1932

I last saw him alive on 5-14 1932. Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-12-32
Other contributory causes of importance: Arteriosclerosis and hypertension	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Emil Novotny M. D.
5/15/32 (Address) Balto City Hosp

B. 1768-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

766

CERTIFICATE OF DEATH

82 E 79766

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 522 Laurens St. 14-30 (Ward)

th of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joe. L. Williams

(a) Residence: No. 522 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Williams

ATE OF BIRTH (month, day, year) Dec 25-1877

GE Years 54 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Jas Williams Va

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Hewett

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mary Williams

(Address) 522 Laurens

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 17, 1932

UNDERTAKER Thomas E. Kelly

(Address) 1503 Pinehurst

1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. C. Luck Coroner, M. D.

(Address) ...

S-31 250B

9767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79767

CERTIFICATE OF DEATH

49

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. South Baltimore St. Agnes

th of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Beulah O. Windsor

(a) Residence: No. 1245 William St. W 4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Leo A. Windsor

6. DATE OF BIRTH (month, day, year) Dec.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 57

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mary Theresa Thelen

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Theresa Thelen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Leo A. Windsor

(Address) 1245 William St.

BURIAL, CREMATION, OR REMOVAL Date 5-19 1932

Place Greenmount Cemetery

UNDERTAKER Lowe & Carpenter

(Address) 1918 Eutaw Pl.

FILED Huntington Williams M.D. Registrar.

H. O. H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to May 16, 1932

I last saw her alive on May 16 1932, death is said to have occurred on the date stated above, at 5 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right ovary with metastases on Entire pelvis	one year
Other contributory causes of importance: Flare-up of cachexia following operation	May 1-32

LAPAROTOMY - CLOSURE Date of May 1-32

Name of operation

What test confirmed diagnosis? PATHOLOGY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm J. Sullivan M. D.

(Address)

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

768

CERTIFICATE OF DEATH

E 79768

5-8 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 317 East Street St., (Ward)

rth of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Bruno

(a) Residence: No. 317 East Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

(If married, widowed, or divorced)
HUSBAND of
(or) WIFE of Carmelo Bruno

ATE OF BIRTH (month, day, year) 1880

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
4. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637
5. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Italy
(State or country)

13. NAME Joseph Divinti

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT Joseph Bruno
(Address) 317 East Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5,17, 1932

UNDERTAKER Geo. J. Roth, Inc.
(Address) 1700 Harford Ave.

5-16-1932 Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931 to May 14, 1932

I last saw HER alive on May 14, 1932 Death is said to have occurred on the date stated above, at 2:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other **contributory causes** of importance:	
Acute dilation of heart	5/11/32

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. K. Campbell M. D.

5/16/32 (Address) 1644 Hanover St.

. B. 1268-9

9769 HEALTH DEPARTMENT—CITY OF BALTIMORE B 79769

CERTIFICATE OF DEATH

√ 54 E 79769

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) Sinai Hospital St. 7-13 Ward)

th of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Bessie Bernstein

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel

DATE OF BIRTH (month, day, year) Dec 25 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	21 16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Harry Lezinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Harry Bernstein

(Address) 1804 Smallwood St

BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date May 17 1932

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

FILED May 18 1932 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to May 16, 1932

I last saw her alive on May 16, 1932. Death is said to have occurred on the date stated above, at 10 45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Chr Myocarditis	
Diabetes Mellitus	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of ..... ko

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M B Kusk M. D.

(Address) Sinai Hospital

79770

E 79770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3135 W North Ave St., 14-20 Ward)

th of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robt. B. Evans

(a) Residence: No. ~~3135 W North Ave~~ St., Ward.

(If non-resident give city or town and State)

~~Lyda Evans~~

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Lyda Evans.

ATE OF BIRTH (month, day, year) June 16-1875

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Candy Dealer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Cecil Co Md.

13. NAME OF FATHER: Wm F. Evans.

14. BIRTHPLACE (city or town) (State or country): Cecil Co Md

15. MAIDEN NAME OF MOTHER: Margaret Broughton

16. BIRTHPLACE (city or town) (State or country): Cecil Co Md.

INTERMENT: Lyda Evans

(Address) 3135 W. North Ave

BURIAL, CREMATION, OR REMOVAL: Druid Hill Date May 17. 1932

UNDERTAKER: John O McShane

(Address) 1900 Eutaw Place

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14th 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on May 13. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiac Failure	
Sudden	

(Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner M. D.

(Address)

B. 1268-9 Dr Clark 3214 Piedmont Ave Forest 64 E 19771

79771 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 W. North Ave) (5-6 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A. Bauer

(a) Residence: No. 2316 W. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Peter S. Bauer

DATE OF BIRTH (month, day, year) May 13th 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME OF FATHER Georg Opperman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Katie Bender

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Peter S. Bauer 2316 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 17th 1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 1932 Harry M. Williams REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1931 to May 14 1932

I last saw her alive on May 14 1932 Death is said to have occurred on the date stated above, at 9:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	3-21-32

Other contributory causes of importance:

Chronic myocarditis due to Fatty Degeneration of Heart	2 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles E. Clark M. D.

(Address) 3214 Piedmont Ave

B. 1268-9

79772

E 79772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Md General Hosp. St. 21-29 Ward)

th of residence in city or town where death occurred ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Betty Lee Humphrey

(a) Residence: No. 712 Washington Ave. St. ..... Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Norman Murphy

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mildred Abel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Norman Murphy

(Address) 712 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date May 17 . 1932

19. UNDERTAKER Schulman & Solomon

(Address) 1634 Lanvale St

FILED MAY 17 1932 Baltimore, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 4 days

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

B. 1268-9

79773 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79773

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 128 Burnett St. St., 23-31 Ward)

th of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Eva Montgomery

(a) Residence: No. 128 Burnett St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of George A. Montgomery

ATE OF BIRTH (month, day, year) Oct. 28 1882

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	6	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Albert Klein

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME LillianBixler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Hill
(Address) 128 Burnett

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 5/17, 1932

UNDERTAKER J. Fleur McCully
(Address) 130 E. Mt. [illegible]

FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 14th, 1932

I last saw her alive on May 14th, 1932 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with generalized metastasis	2 years before death
Other contributory causes of importance: Malignant cachexia	3-4 weeks

Name of operation Radical removal of breast Date of Apr. 18

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) Harry Leibel M. D.

7/16/32 (Address) 1224 26 Hanover St

No. 5-H 2508

E 79774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79774

131

CERTIFICATE OF DEATH

12-51

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 Wyman Park Drive St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME JAMES MAGEE

(a) Residence: No. 319 Wyman Park Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Jennings Magee

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Ireland

13. NAME James Magee

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT Mr. James J. Magee
(Address) 319 Wyman Park Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 5/18, 1932

19. UNDERTAKER Chas. J. Evans & Son
(Address) 44 W. Mt. Royal Ave

20. FILED 1932 Huntington Williams M.D. Registrar

Direct

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to May 15, 1932

I last saw h.[illegible] alive on May 15 1932 death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Chronic arthritis	

Name of operation No Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) J. Joseph Soudey, M. D.

(Address) 500 S. Ellwood Ave

—0-30—A. & Co.—250 Bks.

79775

HEALTH DEPARTMENT—CITY OF BALTIMORE 79775

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St & Keswick Rd ST. 13-52 WARD

2. FULL NAME Miss Mary Weaver

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Smithburg
(State or country) Maryland

10 NAME OF FATHER David Weaver

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Smithburg - Maryland

12 MAIDEN NAME OF MOTHER Anne Barndall

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not known

Informant Hospital Records
(Address)

Filed MAY 17 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1931, to May 15 1932

that I last saw her alive on May 15 1932

and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Myocarditis, with myocardial insufficiency.
(duration) 10-20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Hamford Hopkins M. D.

19 (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

12 PLACE OF BURIAL, CREMATION OR REMOVAL Gettysburg, Pa

DATE OF BURIAL May 18 1932

13 UNDERTAKER Wm. J. Tuckers Sons

ADDRESS N. Pa

H. 1765-9

E 79776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79776

CERTIFICATE OF DEATH

23

PLACE OF DEATH BALTIMORE CITY HOSPITALS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 4-6 Ward)

th of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Philip Thomas

(a) Residence: No. 30 South Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Negro	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of ?

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chicken Picker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) South Carolina
(State or country)

13. NAME Chas. Thomas

14. BIRTHPLACE (city or town) South Carolina
(State or country)

15. MAIDEN NAME Lucy Robinson

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Louisa Master

(Address) 620 Archer St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/16/32 19

UNDERTAKER Frank L Brown & Co

(Address) 168 W Montgomery

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/23/31 . 19 . to 5/14/32 . 19

I last saw h.. alive on 5/14/32 . 19 . Death is said to have occurred on the date stated above, at 5.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Decem-ber 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum exam & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence M Lenz M. D.

(Address) .....

E 79777

79777 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 93-003

REGISTERED NO. .....

1-PLACE OF DEATH Pronounced Dead at Mercy Hospital

CITY OF BALTIMORE: (No. ~~2000~~ ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsworth Morrison

(a) RESIDENCE NO Elsworth ~~Ave~~ ST., WARD Patuxent A.A. Co. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Linda Morrison

DATE OF BIRTH (month, day, and year) March 20 ~~1875~~ 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	1	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Station Master
(b) General nature of industry, business, or establishment in which employed (or employer) 078
(c) Name of employer W. B. & P.

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ethel Hanlon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant W. D. Smith

(Address) Patuxent Md

Filed ..... 192 ..... Registrar

Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Hundley Coroner, M. D.

19 (Address) 700 Cham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery Md

DATE OF BURIAL 5/30 1932

20 UNDERTAKER J M Cook

ADDRESS 1214 Park Ave

...—9-30—A. & Co.—250 Bks.

E 79778

78

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 V

REGISTERED NO.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 505 W Hoffman St. 17-24 (Ward)

2-FULL NAME Gilbert Smith

(a) RESIDENCE NO. 505 W Hoffman St.. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Smith

DATE OF BIRTH (month, day, and year) 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Matthews Va

10 NAME OF FATHER Peyton Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Amabalie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs Effie Smith

(Address) 1513 Pearlmore

JUN 7 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/32

17

I HEREBY CERTIFY, That I attended deceased from 5/3, 1932, to 5/16, 1932

that I last saw h... alive on 5/15, 1932

and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) B H Hatcher M. D.

5/16 1932 (Address) 1111 Pine Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Matthews Va Wm Hoff

DATE OF BURIAL 5-18 1932

20 UNDERTAKER George W. A. Gibson

ADDRESS 1735 Druid Hill Ave

—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

79779

CERTIFICATE OF DEATH

1861 001 E 79779

REGISTERED NO. .....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) City Hospital ST. 2-4 WARD)

2-FULL NAME John F Stec

(a) RESIDENCE NO. 801 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Stec

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
32	32			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Joseph Stec

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Salbina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Sophia Stec

(Address) 801 S. Bond St

Filed May 17 1932 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Accidental Fall on Stairs (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 800 S Bond

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) P. E. Ederzoni M.D., Coroner

5/16 1932 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem a.a.c.

DATE OF BURIAL May 19 1932

20 UNDERTAKER Wm S. Fialkowski

ADDRESS 2007 Eastern Ave

S. 5-31 250B

79780

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 79780

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 211 Patapsco ave St. 25-75 Ward

th of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Colen White

(a) Residence: No. 211 Patapsco St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of Lena Heim White

6. DATE OF BIRTH (month, day, year) Jan. 12. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cont Gas Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

13. NAME Severn White

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Henrietta Calloway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Colen White

(Address) 211 Patapsco ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 17, 1932

19. UNDERTAKER Maryland Funeral Home

(Address) 1644 Hanover St

20. FILED 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932 to May 14, 1932

I last saw him alive on May 14, 1932 death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Indefinite	
Other contributory causes of importance:	
Exhaustion	5/13/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. K. Campbell M. D.

5/16/32 (Address) 1644 Hanover St

D. B. 1268-5

79781

E 79781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 grav 61

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph Hospital St., 4-30 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Rosie Wilson nee Savage

(a) Residence: No. 645 Redwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown Wilson

ATE OF BIRTH (month, day, year) 1900

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Julia ----- -

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Harry Howard
(Address) 645 Redwood St

BURIAL, CREMATION, OR REMOVAL

Place ... Date May ... 19 32

UNDERTAKER ...
(Address) ...

FILED ... 19 ...
Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Lung	
Metasstasis to Kidneys &	
Mesenteric Lymph Glands	

Other contributory causes of importance:

Angeo-sarcomas near rt axilla removed two months ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Price M. D.
Coroner

(Address) 508 E Fayette

79782 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79782

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 26-37 WARD

2-FULL NAME John Taylor

(a) RESIDENCE NO unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	54			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

BIRTHPLACE (city or town) (State or country) unknown

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant .....

(Address)

Filed 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) B B Henry M.D. Coroner, M. D.

4/14, 1932 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md Medical College

DATE OF BURIAL 19 32

ADDRESS

20 UNDERTAKER Dept of Public Health.

—1-30—M. & T.—250 Blks

E 79783

79783

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) 701 E Edgevale Road ST., Roland Park WARD 27

2-FULL NAME Augusta Elizabeth Ohrenschall

(a) RESIDENCE NO. 701 Edgevale Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of) Frederick A Ohrenschall

7 DATE OF BIRTH (month, day, and year) aug 30 1848

8 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	8	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore Md
(State or country)

11 NAME OF FATHER Julius Schwartz

12 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

13 MAIDEN NAME OF MOTHER Catherine Hildebrandt

14 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Frederick Ohrenschall

(Address) 701 Edgevale Rd

Filed ..... 19 Huntington Williams, M.D. Registrar

71932 Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1932

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to May 16, 1932

that I last saw h e alive on May 16, 1932

and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Arthur B Dawes, M. D.

May 17, 1932 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 18 1933

20 UNDERTAKER Chas. G. Black 742 W. Fortnave

ADDRESS

9784 E 9784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals

Y OF BALTIMORE: (No. Baltimore Md (St. ..... Ward)

th of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Ryan

(a) Residence: No. 923 S. Fremont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) 12-24-187[illegible]

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Ireland

. NAME Thos. Ryan

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Ellen ?

. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT (Address) Balto City Hospitals Records

URIAL, CREMATION, OR REMOVAL Sacred Heart May 17 1932

NDERTAKER John J. Raftery Sons

(Address) 1315 Light St

ILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15- 1932

22. I HEREBY CERTIFY That I attended deceased from 4-15-32 to 5-15-32

I last saw him alive on 5-15- 1932 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	4 May 32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-16-32 (Signed) E. Davis High Tapes M. D.

(Address) Balto City Hospitals

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9785

CERTIFICATE OF DEATH

E 79785

159

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

Y OF BALTIMORE: (No. ..... St., 0-9 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Joyce Shapiro

(a) Residence: No. 2 Edgecoomb Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

(If married, widowed, or divorced)
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 3/11/37

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md

11. NAME Ernest Shapiro

12. BIRTHPLACE (city or town) (State or country) Md

13. MAIDEN NAME Mildred Hunter

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

16. BURIAL, CREMATION, OR REMOVAL

Place Med College Date May 7 19 37

17. UNDERTAKER Commissioner Health.

(Address)

18. FILED Huntington Williams, M.D.
Registrar.

71932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-14-, 1937 to 5-14-, 1937

I last saw h... alive on 5-14-, 1937 Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Marasmus - Severe	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Anderson, M. D.

(Address) Johns Hopkins Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9786

CERTIFICATE OF DEATH

E 79786

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Fawcett St. 12-51 Ward)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice E. Hooper

(a) Residence: No. 415 Fawcett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed or divorced: HUSBAND of (or WIFE of) John Henry Hooper

DATE OF BIRTH (month, day, year) Mar. 17 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph Cole

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Sarah Mc Entire

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT Annie Peloso (daughter)

(Address) 415 Fawcett St

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Cem. Date May. 19. 1932

19. UNDERTAKER Walter Davis

(Address) 324 E. Fayette St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932 to May 16 1932

I last saw her alive on May 16 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Apr 14
Bronchio-pneumonia	" 16
Uremia	2
	1

Other contributory causes of importance:

Hypostatic congestion	May 9
of lungs	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Talbot M. D.

(Address) 1216 E. Preston St.

H. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79787

CERTIFICATE OF DEATH

53 E 79787

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 819 N. Bentalou St., 16-65 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FULL NAME Gertrude Eugenia Meeks

(a) Residence: No. 819 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Meeks

DATE OF BIRTH (month, day, year) May 12-1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	0	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Trumbo

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Legafoose

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm. H. Meeks

(Address) 819 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 18 1932

19. UNDERTAKER Wm. J. Gigliotti Son

(Address) Howard & Pratt

20. FILED 1932 Huntington Williams M.D. Registrar.

S. R. F. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to May 16, 1932

I last saw her alive on May 1, 1932 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis of abdominal organs; (original site of carcinoma not determined)	about 1 year
Other contributory causes of importance: diabetes. (about 25 years)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79788 E 79788

CERTIFICATE OF DEATH

93-004 Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1428 E. Lanvale St., 9-17 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harry B. Dukehart Jr.

(a) Residence: No. 1428 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXXX

ATE OF BIRTH (month, day, year) Jan 17 1908.

GE Years	Months	Days	If LESS than 1 day, ? hrs. or min.
24	2	29	XXXXXX

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Florest) Nursery man
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

3. NAME Harry B. Dukehart

4. BIRTHPLACE (city or town) (State or country) Baltimore Md.

5. MAIDEN NAME Emma A. Woods

6. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Bertha Joesting

(Address) 1428 E. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date 5/18/1932

UNDERTAKER [illegible]

(Address) [illegible]

FILED 1932 . 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 12.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.
Coroner

(Address) [illegible]

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9789 E 79789

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2620 Laurette Avenue 26-65 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Christiana K. Spadaro

(a) Residence: No. 2620 Laurette Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of None

ATE OF BIRTH (month, day, year) Aug. 23, 1931

GE Years	Months	Days	If LESS than 1 day, XXXXXX or ..... min.
0	8	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Joseph Spadaro

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Rose Termine

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT Joseph Spadaro

(Address) 2620 Laurette Avenue

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/19/32 19

UNDERTAKER [illegible]

(Address) 1535 [illegible]

FILED 7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13 1932 to May 17, 1932

I last saw h[illegible] alive on May 16 1932 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs-Pneumonia	5-16-32
Other contributory causes of importance:	
Streptococcic tonsilitis	5-10-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. A. Tommenetti M. D.

(Address) 306 N. Front St.

O. B. 1268-9 (Leland Frierson)

HEALTH DEPARTMENT—CITY OF BALTIMORE

79790

CERTIFICATE OF DEATH

131 E 79790

Registered No. .....

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital Calvert & Saratoga St.) (Ward 11-15)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Leland Frierson

(a) Residence: No. 1211 N. Calvert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Frierson

DATE OF BIRTH (month, day, year) Nov. 22, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dumper worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edward O. Frierson

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Sarah L. Gordon

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place St Mary's (Govans) Date May 19th 1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/27/32 to 5/17/32

I last saw h... alive on 5/16/32 at 3:40 A m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal disease	1930
E. Hypertension	1930
Albuminuria Retinitis	

Other contributory causes of importance:

11

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. L. Thumberson M. D.

(Address) Mercy Hosp. Baltimore

, B. 1268-5

79791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 82 E° 79791

PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 36-57 Ward ?

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

FULL NAME Juan Nicas

(a) Residence: No. 2355 Goodrich St., Astoria, L.I., New York City St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of -

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Smyrna

13. NAME Basil Nicas

14. BIRTHPLACE (city or town) (State or country) Smyrna

15. MAIDEN NAME Basilia ?

16. BIRTHPLACE (city or town) (State or country) Smyrna

INFORMANT Records of

(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Brooklyn N.Y. Date May 17 1932

UNDERTAKER P. F. Roche & Sons

(Address) 121 St Paul St

FILED 1932 Thompson Newcomb, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to May 16, 1932

I last saw him alive on May 16, 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	5-13-32

Other contributory causes of importance: Uremia

Hemiplegia (cerebral hemorrhage)

Name of operation None Date of -

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-16-32 (Signed) Ethelbert Higbergs, M. D.

(Address) Balto. City Hosp.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79792

2d E 79792

CERTIFICATE OF DEATH

PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Monument St. 1-1 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lillian Stefan

(a) Residence: No. 1236 S. Ellwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
inal	White	M

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 5 1929

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Stefan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lillian Cada

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Edward Stefan
(Address) 1236 S. Ellwood Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date May 18 1932

UNDERTAKER Stephen J. Trakowski
(Address) 1006 S. Kenwood Ave

FILED 1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932, to May 16 1932.
I last saw h.. alive on May 16 1932. Death is said to have occurred on the date stated above, at 9:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenterial Tuberculosis	5 weeks
Miliary Tuberculosis	5 weeks
Tuberculous Meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W B Kirk M. D.

(Address) Sinai Hospital

E 79793

9793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3851 Roland Ave St., 13 Ward.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Martha Ellen Gosnell

(a) Residence: No. 3851 Roland Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 12 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Thomas F. Gosnell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary J. Carney

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. John F. Streaker

(Address) 3851 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 18 1932

UNDERTAKER Horace F. Bridge

(Address) 3631 Falls Road

Towsontown Md.
Registrar.

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1932 to May 16 1932

I last saw her alive on May 15 1932 Death is said to have occurred on the date stated above, at 5:25 A.m

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Cause unknown — Date of onset 1931 4/4/32

Other contributory causes of importance: none

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 846 W 36th St. Balto

E 79794

E 79794

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ida Snowden

(a) Residence: No. 1628 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorenzo

DATE OF BIRTH (month, day, year) Jan 19-1894

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lorenzo Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ang. Young

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Chas. A. Campbell

(Address) 2140 2 St. N. W. Washington D.C.

BURIAL, CREMATION, OR REMOVAL

Place Purcellville Va Date 5/18/32

UNDERTAKER Mrs. Geo. H. Holland

(Address) 1601 Daniel Ct. Silver Spring Md.

FILED 5-20-32 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1932 to 5-15, 1932

I last saw her alive on 5-15 1932 death is said to have occurred on the date stated above, at 5 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	2 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George W. McDonald, M. D.

5/18/32 (Address) Provident Hospital

E 79795

79795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Women's Hospital St. 15-63 Ward

TY OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Male Livie # 1. Edelstein

(a) Residence: No. 412 Forest Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 16 - 1932

AGE Years	Months	Days	If LESS than 1 day ....hrs. or 20 min.
—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

13. NAME Livie K. Edelstein

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Betty Mellets

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

INFORMANT Father.
(Address)

BURIAL, CREMATION, OR REMOVAL
Date 5/17/32 19....

UNDERTAKER
(Address)

MAY 18 1932 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 16, 1932

I last saw h.. alive on May 16, 1932 death is said to have occurred on the date stated above, at 8:05 P m.

The principal cause of death and related causes of importance were as follows:

Acute Hydramnios — Date of onset

at 5 months pregnancy

Other contributory causes of importance:
Premature twins.

Name of operation Exploratory Laparotomy Date of 5/16/32

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) Otho S. Murray M. D.

(Address) 11 Eastchase Street

E 79796

79796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womens Hospital St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Male Twin # 2 Edelstein

(a) Residence: No. 4112 Forest Park Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 16 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.
	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Louis K Edelstein

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Betty Mellentz

16. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

INFORMANT Father.
(Address)

BURIAL, CREMATION, OR REMOVAL
Carnegie Institute Date 5/17/32 19 Director

UNDERTAKER
(Address)

FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 16, 1932

I last saw her alive on May 16, 1932 death is said to have occurred on the date stated above, at 8 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hydramnios	
at 8 months Single Fetus	
Other contributory causes of importance: Premature	

Name of operation Rupture membranes Date of 5/16/32

What test confirmed diagnosis? ... Was there an antopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 —

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify —

(Signed) John G. Murray Jr M. D.

(Address) 1 East Chase Street

—1-30—M. & T.—250 Blks

9797

E 79797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 N. Port St. (ST.) 7-10 (WARD)

2-FULL NAME Philip Schaefer Jr.

(a) RESIDENCE NO. 512 N. Port St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Schaefer

7 DATE OF BIRTH (month, day, and year): Dec 23, 1876

8 AGE: Years 55; Months 5; Days 24; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: printer 63

(b) General nature of industry, business, or establishment in which employed (or employer): metal Pd Co

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Germany

11 NAME OF FATHER: Philip Schaefer

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

Informant: Susie Schaefer

(Address) 512 N. Port St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1931 to May 17, 1932.

that I last saw him alive on May 16, 1932

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Cardio Vas. Renal Disease

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 5/20 1932

20 UNDERTAKER: August Pasek — ADDRESS: 2416 Holland a

Director

In 1932

E 79798

9798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

192-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2213 E. Preston ST. E-12 (WARD)

2 FULL NAME Sophia E. Wendt

(a) RESIDENCE NO. 2213 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 7 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Langford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant (Address) Catherine Swinkle 2213 E. Preston St

Filed May 20 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1932

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 17, 1932

that I last saw h[illegible] alive on May 16, 1932

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 4 ds.

Due to (a) Edocarditis, myocarditis

(Secondary) Tuberculosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B Lemmon M. D.

5/17, 1932 (Address) 7 & N. Pulaski Town

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 20 1932

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

c.—9-30—A. & Co.—250 Blks

E 79799

79799 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121V

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

TY OF BALTIMORE: (No Church Home & Infirmary ST. 13-39 WARD)

2 FULL NAME Mary L. Pfaff

(a) RESIDENCE NO 2305 E Madison ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo J Pfaff

DATE OF BIRTH (month, day, and year) June 29 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	18	13

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Bruns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs. Geo J Pfaff 2305 E Madison St

Filed 5-19-1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1932

17

I HEREBY CERTIFY, That I attended deceased from 5/15/, 1932, to 5/17/, 1932

that I last saw h[illegible] alive on 5/17/, 1932

and that death occurred, on the date stated above, at 3:10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/15/32.

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam & operation

(Signed) J. Frank Hewitt M. D.

(Address) Church Home & Inf.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL May 19 1932

20 UNDERTAKER Lohn Funeral

ADDRESS 2005 Eden

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79800 E 79800

CERTIFICATE OF DEATH

92-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Hanover St. 22-36 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Tobie Stein

(a) Residence: No. 635 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Stein

DATE OF BIRTH (month, day, year) 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	+	+	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Stein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Stein

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Louis Stein

(Address) 635 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 5-18- 193[illegible]

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17- 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1927 to 5/17 1932

I last saw h alive on 5/16 1932 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Cholemic
Encephalitis

Date of onset (illegible)

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Krumbein M. D.

(Address) 1222 N Eutaw

D. B. 1268-9

Married Gds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79801

79801

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Eastwood Ave., St. 13-55 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna Bradt

(a) Residence: No. 2811 Eastwood Ave., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bradt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Weiss

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Weiss

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Bradt (Husband) or

(Address) 2811 Eastwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Wilson Lawn Date 5-15 1932

19. UNDERTAKER Ash Figure, Inc.

(Address) 229 E. Baltimore St.

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1931 to May 17, 1932

I last saw her alive on May 17, 1932 19. Death is said to have occurred on the date stated above, at 7 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	Oct 1930
Other contributory causes of importance: Starvation	

Name of operation Diagnostic Sections taken Date of Aug 1931

What test confirmed diagnosis? Microscopic section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M B Lawne, M. D.

(Address) 1600 N. Charles St.

No. 5-31 250B

79802 HEALTH DEPARTMENT—CITY OF BALTIMORE É 79802

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hospital St. 17-24 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Carrie Page

(a) Residence: No. 1321 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Page

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Leo Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sallie Porter

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Carrie Page
(Address) 1321 Argyle Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/18/32

UNDERTAKER Samuel Hemsley
(Address) 1518 Druid Hill Ave

FILED MAY 19 1932 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1932 to 5-15, 1932

I last saw her alive on 5-15, 1932 death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	5-11-32

Other contributory causes of importance:

Arteriosclerosis	
Cardio vascular Disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo J. McDonald M. D.
Director

5-15-32 (Address) Provident Hospital

B. 1268-9

679803

9803 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 514 McKewin Ave. St., 9-47 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

FULL NAME CATHERINE S. SCHUMACHER

(a) Residence: No. 514 McKewin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of John Schumacher

ATE OF BIRTH (month, day, year) December 4, 1848

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Becker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Melhorn

16. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT: iss Sophie Schumacher (Daughter)
(Address) 514 McKewin Ave.

BURIAL, CREMATION, OR REMOVAL
Place Carmel Cemetery Date May 18, 1932
UNDERTAKER nry Sander & Sons, Inc.
(Address) Baltimore St. & Broadway.
FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 19 to May 16, 1932 19
I last saw her alive on May 15, 1932 19 Death is said to have occurred on the date stated above, at 9.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclorisis	1920
Chr. Interstitial Nephritis	1925
Chronic Myocarditis	1930

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Johnson Hehn M. D.
(Address) 3522 Greenmount Ave

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79804 [illegible] 79804

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 6501 Fairdel Ave St., 27-42 Ward)

th of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James M. Fairley

(a) Residence: No. 6501 Fairdel Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fairley

ATE OF BIRTH (month, day, year) July 15/1855

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	1	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

3. NAME Thomas Fairley

4. BIRTHPLACE (city or town) (State or country) Scotland

5. MAIDEN NAME Margaret Mulholland

6. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary Fairley

(Address) 6501 Fairdel Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral May 19 32

UNDERTAKER Lilly & Zeiler Inc.

(Address) 408 S. Wolfe St.

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
General Senile Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Pacen M. D.
Coroner

(Address) 508 E Fremont

79805 E 79805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 17-51 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U.S. If of foreign birth? 14 yrs. ..... mos. ..... ds.

FULL NAME Patrick Larkin

(a) Residence: No. 229 Eighth St., Brooklyn, N.Y. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 4, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) May 16, 1932
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) England

13. NAME John Larkin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Patterson

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem Brooklyn N.Y. Date May 21, 1932

UNDERTAKER W. J. Tichenor & Sons
(Address) Bath & Penna Ave.

FILED MAY 23 1932, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to May 17, 1932

I last saw him alive on May 17, 1932 death is said to have occurred on the date stated above, at 7:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right upper and middle lobe	5-13-32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) U.S. Marine Hospital, Balto., Md.

B. 1268-0

E 79806

806 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

63

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 602 N. Bond St., 7-4 Ward)

rth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John H Murray

(a) Residence: No. 602 N Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 25 1851

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas Murray

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lee Jones

16. BIRTHPLACE (city or town) (State or country) Richmond Va

INFORMANT Thomas Murray

(Address) 602 N. Bond

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 18 . 1932

UNDERTAKER Robert Williams

(Address) 1818 Eutaw St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... to ..... , 19 ...

I last saw h... alive on ..... , 19 ... Death is said to have occurred on the date stated above, at 7 10 m.

The principal cause of death and related causes of importance were as follows:

Rickets — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... , M. D.
Coroner

(Address) 508 E Lexington

. B. 1268-9

E 79807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. 3-9 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Bohlen

(a) Residence: No. Old Philadelphia Road St., Ward. Boyerstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) April 1-1932

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 weeks	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 18, 1932

UNDERTAKER Wm. J. Connelly & Son

(Address) Towson, Md

FILED MAY 18 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to May 17, 1932

I last saw him alive on May 17, 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset May 10

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert O. Y. Wanner, M. D.

(Address) Johns Hopkins Hospital

No. S-H 2508

79808 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79808

CERTIFICATE OF DEATH

108

Registered No. 26-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3241 Erdman Ave. Ward)

Length of residence in city or town where death occurred 4/12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Lena L. Bernhard

(a) Residence: No. 3241 Erdman Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mch. 22, 1870

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Hat Shop
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sinai Cem.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Valentine Bernhard
14. BIRTHPLACE (city or town) Germany
(State or country)
15. MAIDEN NAME Catherine Spori
16. BIRTHPLACE (city or town) Germany.
(State or country)
INFORMANT Mr. L. Bernhard
(Address) Balto. Md.

BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date May 20, 1932
UNDERTAKER Baird Sondheim & Son
(Address) 902 Eutaw Place

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13th, 1932, to May 17, 1932
I last saw h~~e~~r alive on May 17, 1932 death is said to have occurred on the date stated above, at 830 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 13 32

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Mildred J. Opem M. D.
(Address) 2827 Calvert St. Mercy

E 79809

79809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Jane Franklin

(a) Residence: No. 2707 Frederick St., 2707 Fairmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard T. Franklin

6. DATE OF BIRTH (month, day, year) April 19 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME L. A. Duff. Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Fairbanks

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mr. L. A. Duff.

(Address) Woodlawn Md

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 20 . 1922

UNDERTAKER J. F. Cline & Sons

(Address) Westminster Md

FILED May 22 . 1922 H. Hunter Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18- . 1922

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholic Poisoning following a fall down three steps	
Accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Falling from house

Nature of injury Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Howard Thompson, M. D. Coroner

(Address) 2672 Orleans

No. 5-31 250B

79810 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79810

CERTIFICATE OF DEATH

Registered No. 159

PLACE OF DEATH Baltimore City Hospitals St., 76-37 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Girl Hendricks

(a) Residence: No. 642 S Ponca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

f married, widowed, or divorced
HUSBAND of —
(or) WIFE of

ATE OF BIRTH (month, day, year) 5-16-32

GE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New born
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

3. NAME Maurice Hendricks

4. BIRTHPLACE (city or town) Lynchburg Va.
(State or country)

5. MAIDEN NAME Ruth Munchow

6. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

UNDERTAKER
(Address)

FILED ..... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-32 19

22. I HEREBY CERTIFY, That I attended deceased from 5-16-32 19 to 5-16-32 19
I last saw h[illegible] alive on 5-16-32 19 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Child (5 mos)	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Leute M. D.
(Address) Balto City Hospitals

R. 1268-3

79811

✓ E 79811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tbc.) 37

Y OF BALTIMORE: (No. ..... St., ... Ward)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

FULL NAME Albert Beasley

(a) Residence: No. Baltimore City Hospitals St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 1863

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) New York

13. NAME Andrew Beasley

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Mary Beasley

16. BIRTHPLACE (city or town) (State or country) New York

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place ..... Date .....

UNDERTAKER

(Address)

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1926 to May 15 1932

I last saw him alive on May 15 1932. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Laurence M. Sena, M. D.

(Address) Baltimore City Hospitals

No. 5-31 250B

79812 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79812

CERTIFICATE OF DEATH

46

PLACE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 808 W. 37 St 13-52 St., 2 Ward)

th of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary E. Fowler

(a) Residence: No. 808 W 37 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles E Fowler

6. DATE OF BIRTH (month, day, year) Nov 1-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Frank Clunk

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md Baltimore

INFORMANT Paul H Mayo-Son

(Address) 808 W 37 St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 19 1932

UNDERTAKER H S Marshall

(Address) 3539 Falls Road

FILED 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 32, to May 16, 1932

I last saw her alive on May 16 32, death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	3 mos ago 1932
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. J. Cruddem, M. D.

(Address) 220 Roland Ave

813

E 79813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 15-21 St., Ward)

Registered No. .....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Jacobs

(a) Residence: No. 619 Collett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 ?			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd jobs

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

9. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Records of
(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Interred Md. Date May 18 , 19 32

UNDERTAKER Dept. of Public Health.
(Address)

FILED MAY 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932 to May 16, 1932

I last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at 5:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	unknown
Other contributory causes of importance: Chronic nephritis	unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

5-16-32 (Signed) Elmer Highberger, M. D.

(Address) Balto. City Hosp.

9814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79814

CERTIFICATE OF DEATH

94-002

PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 5-9 (Ward)

gth of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Roan

(a) Residence: No. 426 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
lc	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) Unknown

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 ?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

8. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) Hanover Co.
(State or country) Va.

13. NAME John

14. BIRTHPLACE (city or town) Hanover Co.
(State or country) Va.

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) Hanover Co.
(State or country) Va.

INFORMANT Records of
(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Oakwood, Va. Date May 18th, 19 32

UNDERTAKER
(Address)

FILED 1932 Hartley Williams
Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 15, 1932

I last saw him alive on May 15, 1932 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	May 1931
Other contributory causes of importance: Pernonary Thrombosis	15 days

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

5-16-32 (Signed) Chas. T. Hurley M. D.

(Address) Balto. City Hosp.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79815

CERTIFICATE OF DEATH

108 E 79815

PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 46-37 Ward)

gth of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 49 yrs. ..... mos. ..... ds.

FULL NAME Henry Stolze

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Jan. 1, 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) ?
(State or country) Germany

13. NAME Benjamin Stolze

14. BIRTHPLACE (city or town) ?
(State or country) Germany

15. MAIDEN NAME Dora Flaschtryer

16. BIRTHPLACE (city or town) ?
(State or country) Germany

INFORMANT Records of
(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 17 19 32

UNDERTAKER
ADDRESS Baltimore, Md.

FILED 1932 Huntington Williams, M.D.
19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 28 19 ..... to May 15, 1932

I last saw him alive on May 15, 1932. Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	5-10-32

Other contributory causes of importance:

None

Name of operation Clinical Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

5-16-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hosp.

No. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9816

CERTIFICATE OF DEATH

161-E 79816

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 N. Mount St. 16-27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Girl Ford

(a) Residence: No. 1151 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 13, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			Six	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Ford
14. BIRTHPLACE (city or town) (State or country) Warrington, Va.
15. MAIDEN NAME Blanche Brown
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Blanche Ford
(Address) 1151 N. Mount St.

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 19 1932

UNDERTAKER ...
(Address) ~~Huntington Woodlawn, Md~~

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13th, 1932, to May 18th, 1932
I last saw her alive on May 18th 1932 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of the Newborn	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) ...

Co. 5-31 250B

79817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 79817

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Harrison St. 27-4th Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 64 yrs. ... mos. ... ds.

FULL NAME Leonard F. Bayer

(a) Residence: No. 411 N Harrison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Bayer

DATE OF BIRTH (month, day, year) June 16 1850

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [redacted]
10. Date deceased last worked at this occupation (month and year) [redacted] Total time (years) spent in this occupation [redacted]

BIRTHPLACE (city or town) (State or country) Germany

18. NAME George Bayer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sabina Antonia

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emma M. Bayer
(Address) 411 N Harrison

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 20 1932

UNDERTAKER Leonard J. Keck
(Address) 5305 Harford Rd.

Filed May 20 1932 Huntington Williams, M.D.
31932 H. R. T., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to May 17, 1932

I last saw he alive on May 16, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 15/1932
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diag[redacted]? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leonard J. Keck M. D.

(Address) 936 E. Monument St

spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79818 E 79818

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 330 W Hamburg ST. 23-31 (WARD)

2-FULL NAME Evelyn Robinson

(a) RESIDENCE NO. 330 W Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col-

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Apr. 15, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: a hump

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sallie Goodly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Sallie Brown

(Address) 330 W Hamburg

15 Filed 1932 Huntington Williams, M.D. Registrar

H. C. H. Jr. Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16 1932

17

I HEREBY CERTIFY, That I attended deceased from 4/11 1932 to 5/16 1932,

that I last saw h[illegible] alive on 5/16 1932,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? none —

(Signed) Dan'l Jr Amicker, M. D.

(Address) 1[illegible] W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemtery

DATE OF BURIAL: 5/19 1932

20 UNDERTAKER: Walter B. Spiggs

ADDRESS: 1332 W Hamburg St.

E 79819

79819

M. & T. 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 3-4 WARD)

2-FULL NAME Frederick P. Dieterick

(a) RESIDENCE NO. 1415 Eastern Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	49			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanical
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Kettler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brete Md

Informant Herman Wages

(Address) 534 N Clinton St

Filed MAY 19 1932 Huntington Williams, N.P. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1415 Eastern Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. F. Herzog M.D. M. D. Coroner

May 19, 1932 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 21st 1932

20 UNDERTAKER Wm Cook

ADDRESS 127 N Paul St

D. B. 1265-9

E 79820

79820 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131 V

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-43 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs. ~~Norman~~ Bessie C. Gittings

(a) Residence: No. 6816 Harford Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Norman C. Gittings

DATE OF BIRTH (month, day, year) June 9, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Cardiff Wales

13. NAME William H. Jones

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Charlesanna Henry

16. BIRTHPLACE (city or town) (State or country) Wales

INFORMANT Norman C. Gittings
(Address) 6816 Harford Rd.

BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date May 20th 1932

UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore St.

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25 1932 to May 18 1932

I last saw her alive on May 18 1932 Death is said to have occurred on the date stated above, at 12:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	1926
Chronic Diffuse nephritis	1926

Other contributory causes of importance:

Cardiac decompensation	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. Karl Bierman M. D.

(Address) Mercy Hospital

E 79821

B. B. 1268-9

79821 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 131V

Registered No. 4-30

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William U. Ogletree (Birth Rec. Lowndes Co. Ga.)

(a) Residence: No. 2303 Birch Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Willie Ogletree

6. DATE OF BIRTH (month, day, year) Feb 2 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. G. Dun Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Wm W. Ogletree Jr

(Address) 3303 Birch Drive

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5/19/32

UNDERTAKER J M Cobb Co Ltd

(Address) 1217 E Pratt St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932 to May 17, 1932

I last saw him alive on May 17, 1932 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Pericarditis & Endocard	
2) Bronchopneumonia	
3) Cardiovascular renal disease	
4) Myocardium Tertiary	

Other contributory causes of importance:

2)

4)

Name of operation Pericardiostomy Date of May 14

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Millard Hohenschuh M. D.

(Address) University Hospital

D. B. 1265-0

79822

E 79822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 Ward)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Roes

(a) Residence: No. Owings Mills, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	white	Married

6. If married, widowed, or divorced
HUSBAND of Margaretta Roes
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 10 1866

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frederick Roes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maggie Roes
(Address) 3120 W Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 20, 1932

19. UNDERTAKER Jos Foerderer & Son
(Address) 1217 E Fayette

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 18, 1932

I last saw him alive on May 18, 1932 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Obstruction	1929
Right Inguinal Hernia	1927
Uremia	5/14/32
Other contributory causes of importance:	
Senile Dementia	5/10/32

Name of operation Right Hemiplasty Date of 5/19/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Wylie M. Fall M. D.

(Address) Wylie M University Hospital

Co. 5-31 250B

79823 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79823

159 v

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St. 23-31 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Baby Boy Harris

(a) Residence: No. Sinai Hospital St., 1053 S. Gaiter St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-19-32

GE	Years	Months	Days	If LESS than 1 day ....hrs. or 21 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) Md.

13. NAME Baby Harris

14. BIRTHPLACE (city or town)
(State or country) Russia

15. MAIDEN NAME Mrs. Harris

16. BIRTHPLACE (city or town)
(State or country) Russia

INFORMANT Mrs. Harris
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Levingen Circle Date 5-19-1932

UNDERTAKER Taylor Heirs Inc.
(Address) 1439 E. Baltimore St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 18, 1932

I last saw him alive on May 18, 1932 death is said to have occurred on the date stated above, at 11 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of lungs	May 18 1932
Other contributory causes of importance: Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

Co. 5-31 250B

E 79824

79824 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N Dallas St. 6-9 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME David Johnson

(a) Residence: No. 101 N Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married Widowed

If married, widowed, or divorced HUSBAND of (or WIFE of) Annie Johnson

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Approx	66	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Va
(State or country)

12. NAME unknown

13. BIRTHPLACE (city or town) Va
(State or country)

14. MAIDEN NAME unknown

15. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Mrs Anna Jenkins
(Address) 101 N Dallas St

BURIAL, CREMATION, OR REMOVAL

Place Cem Date May 19 1932

UNDERTAKER R. H. Williams & Son
(Address) Huntingdon Pa

FILED 5-20-1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to May 17 1932

I last saw him alive on May 15 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of leg Affected foot (rt)	May 5 32
(due to Arteriosclerosis)	
Other contributory causes of importance: Chronic Cardio Renal disease also ulcer on leg.	about 2 mos ago.

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. J. Young, M. D.

(Address) 4 N Eutaw St

D. B. 1268-9

79825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79825

CERTIFICATE OF DEATH

23

Registered No. 23-32

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1638 S. Charles St. St., Ward.)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William McKeldin

(a) Residence: No. 1638 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Oct. 29 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George E. Mc Keldin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary C. Wells

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mc Keldin
(Address) 1638 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 20 1932

19. UNDERTAKER J. Fenwick McCarthy
(Address) 130 E. Fort Ave
Hunting Park Avenue, Md.

20. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15. 1932 to May 17. 1932

I last saw him alive on May 17. 1932 Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary & Intestinal Tuberculosis	
Other contributory causes of importance:	
Exhaustion	5/16/32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Campbell M. D.

5/18/32 (Address) 1644 Hanover St

79826 100 B—50L

E 79826

No Patency 2 E 79826

(M) 1 of 3091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital ST 15th WARD 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Brown

(a) RESIDENCE NO 3816 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Clr	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edw Brown

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Wolf Kress

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Stocker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Louis Lee

(Address) 1439 E. Balto St

15 Filed ..... 19.. Hunting ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound Fracture of Skull.

(duration) yrs. mos 1 ds.

Automobile accident

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Auto collided with al. Auto overturned to Maryland

Did an operation precede death? no Date of on 5/18/32

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D. Coroner

19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Jehuda Cemetery

DATE OF BURIAL 5-19 1932

20 UNDERTAKER Jack Louis Lee

ADDRESS 1439 E. Balto St

B. 1268-a

79827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Willy M. Emory

(a) Residence: No. Benton Ave Arbutus St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~Husband of~~ (or) WIFE of Harry R. Emory

6. DATE OF BIRTH (month, day, year) May 23rd 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME James M. Kelley

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Rebecca Magness

15. BIRTHPLACE (city or town) (State or country) Annapolis Md

16. INFORMANT Harry R. Emory

(Address) Benton Ave Arbutus

17. BURIAL, CREMATION, OR REMOVAL

Place Masonic Date May 21st 1932

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED May 23 1932 Hunting to Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Coronary Disease of Heart

Other contributory causes of importance:	Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

H. D. 1266-9

9828

E 79828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 N. Fayette St., 20-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Adolph J. Kaub

(a) Residence: No. 2000 N. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE Annie L. Kaub

DATE OF BIRTH (month, day and year) May 10th 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (City or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Jacob Kaub

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Sophie Buchhorn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Annie L. Kaub

(Address) 2000 N. Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Westview Date 5/19/32

UNDERTAKER J. S. Wagaman

(Address) 450 N. Bethel

FILED May 19th 1932 Thos. [illegible] Williams M.D. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17th 32

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 32 to May 17th 32

I last saw him alive on May 16 32 Death is said to have occurred on the date stated above, at 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yr
Other contributory causes of importance: Uremic Coma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Benj. O. McCleary M. D.

(Address) 4001 N. Payson St

E 79829

79829 500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1108 E Kenwood ave ST., 1-3 WARD)

FULL NAME Joseph Przybylski

a) RESIDENCE NO. 1108 E Kenwood ave ST., WARD

(Usual place of abode) Baltimore md (If non-resident give city or town and State)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
White	Married

Male

married, widowed, or divorced HUSBAND of (or) WIFE of Frances Przybylska

TH OF BIRTH (month, day, and year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

UPATION OF DECEASED

) Trade, profession or rticular kind of work Labor

) General nature of indostry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) tate or country) Poland

NAME OF FATHER unknown

BIRTHPLACE OF FATHER (city or town) Poland (State or country)

2 MAIDEN NAME OF MOTHER unknown

3 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

Informant Henry Klasinski

(Address) 1108 E Kenwood ave

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17-32

17 I HEREBY CERTIFY, That I attended deceased from 5-8 ..., 19 32 to 5-17 ..., 19 32

that I last saw h alive on 5-17 ..., 19 32

and that death occurred on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. Kalarus M. D.

5-19-32 (Address) 1000 Wolfe St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL May 20 1932

20 UNDERTAKER John J Puda

ADDRESS 2811 Hudson St

H. 1268-9

E 79830

79830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-45 59v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3205 Belair Road. St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME CATHERINE NEELS

(a) Residence: No. 3205 Belair Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John P. Neels

DATE OF BIRTH (month, day, year) July.23.1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	5 ✓ 8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor of 086

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Womens Wear Store.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Jacob

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Fillmer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John P. Neels. (Husband)

(Address) 3205 Belair Road.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date May. 21, 1932

UNDERTAKER Geo. J. Sander Sons. Inc.

(Address) Baltimore St. & Broadway.

FILED 5-21-1932 Thurston Griffith MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1926 to May 18 1932

I last saw her alive on May 17 1932 Death is said to have occurred on the date stated above, at 1.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Arteriosclerosis	

Other contributory causes of importance: Diabetes Mellitus

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William A. Sigston M. D.

(Address) 2624 St. Paul St.

P. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79831

79831

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5701 Chilham Road St. 27-54 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Littletom Brockenbrough

(a) Residence: No. 5701 Chilham Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Susam E. Chamberlyne

DATE OF BIRTH (month, day, year) July 24. 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	25 24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bookeper
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Littleton Brockenbrough

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lucy Shackelford

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Etta B. Ensey
(Address) 5701 Chilham Road

BURIAL, CREMATION, OR REMOVAL
Place Harvey, Va Date May 20 19 32

UNDERTAKER John O. Matthews & Sons
(Address) 1900 Eutaw Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 1920 to 5/18 1932

I last saw him alive on 5/18 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 years
Other contributory causes of importance:	
Myocarditis	Years
Pulmonary edema	1 day

Name of operation ... Date of ...

What test confirmed diagnosis Clinical? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. B. Stubbert, M. D.
(Address) 1403 Park Ave

B. 1268-9

79832 HEALTH DEPARTMENT—CITY OF BALTIMORE 79832

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Josephs Hospital St., 10-14 Ward)
(Length of residence in city or town where death occurred) Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
FULL NAME Joseph Farrell
(a) Residence: No. 932 E Madison St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1922

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	10		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Albert Farrell
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Agatha Forte
16. BIRTHPLACE (city or town) (State or country) Md.
INFORMANT Albert Farrell
(Address) 932 E Madison St
BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date May 19th 1932
UNDERTAKER Wyont Manigault Wright
(Address) 1119 McElderry St
FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1932
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw him alive on ..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Ruptured left lung

Date of onset

Other contributory causes of importance: Struck by auto truck while crossing street

Name of operation ..... Date of .....
What test confirmed diagnosis autopsy Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/16 1932
Where did injury occur? Sayton & Caroline Sts (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Struck by auto truck
Nature of injury Crushed left chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Joseph Polonus M. D.
Coroner
(Address) 2208 E Madison St

833

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 79833

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1525 E. Monument St., 1-9 (Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Scott

(a) Residence: No. 1525 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	C	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Scott

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) King & Queens Co. Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Alice Scott

(Address) 1525 E. Monument St

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem. Date May 20th 1932

UNDERTAKER Bauer & Mc Kay

(Address) 1710 E. Lexington St

FILED MAY 19 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-2-1930 to 5-17-1932

I last saw him alive on 5-13-1932 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Valvulites — Date of onset

Other contributory causes of importance:

Interstitial Nephritis & arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Bangies, M. D.

(Address) 611 N. Carolina

79834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79834

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 507 Somerset St. 5-6 Ward)

gth of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carrie M Gresham

(a) Residence: No. 507 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Benj F Gresham

DATE OF BIRTH (month, day, year) 1 4 88

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) King & Queen Co Va

13. NAME Thomas Newsome

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Lucy E. Gresham

(Address) 507 Somerset St

BURIAL, CREMATION, OR REMOVAL

Place West Point Va Date May 21st 1932

UNDERTAKER Byrd Mann Wright

(Address) 2 N McElderry St

FILED 1932 May 18 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1932

22: I HEREBY CERTIFY, That I attended deceased from 4-23- 1932, to 5-17- 1932

I last saw h alive on 5-14- 1932. Death is said to have occurred on the date stated above, at 11,15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvulitis

Date of onset

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm D. Cargile M. D.

(Address) 611 N. Carolina

79835 E 79835

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 144-002

CERTIFICATE OF DEATH

PLACE OF DEATH St Josephs Hospital 4-1

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No..... St., ... Ward)

gth of residence in city or town where death occurred ... yrs ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Mary Maffingley.

(a) Residence: No. 8 ta. Ft. Ronda #2 Anacosta Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married.

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Adrian T

DATE OF BIRTH (month, day, year) Sept 7 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	38	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Buster Gibbins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Franklin

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT W W Chambers Co
(Address) Washington DC

BURIAL, CREMATION, OR REMOVAL
St Ignatius Oson Hill Md 5/21/32

UNDERTAKER William Cook
(Address) 1217 St Paul Street

FILED May 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1932 to 5/18, 1932

I last saw her alive on 5/18, 1932 death is said to have occurred on the date stated above, at 8 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pelvic Inflammatory disease.	5/8/32
Other contributory causes of importance: Generalized Peritonitis Toxemia	5/10/32

Name of operation none Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. J. Young M. D.
(Address) St. Joseph Hosp

E 79836

79836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Homewood Ave St. 10-14 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Catherine Williams

(a) Residence: No. 1116 Homewood Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June, 30, 18 94

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Light Co
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Richard Williams

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Sinnott

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Richard Williams
(Address) 1116 Homewood Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 20, '19 32

UNDERTAKER Richardson
(Address) [illegible]

FILED May 21 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to May 17, 1932

I last saw h[illegible] alive on May 17, 1932 death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Pancreatic Cyst	[illegible] ago

Other contributory causes of importance:

Toxemia

Name of operation Incision & Drainage Date of operation 2/1/32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. F. Young M. D.

(Address) St. Joseph's Hosp

E 79837

. B. 1268-9

79837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(G) 210-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. West Baltimore General Hosp. St., 1 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Hinton

(R) Residence: No. 1110 Shields Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

If married, widowed or divorced) HUSBAND of (or) WIFE of Sarah R. (Hicks)

ATE OF BIRTH (month, day, year) Dec 25, 1881

GE Years	Months	Days	If LESS than 1 day hrs. or min.
50	4	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer Cutting Logs

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Raleigh N.C.

13. NAME Allen Hinton

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Rachel (Cutno)

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Sarah Hinton wife

(Address) 1110 Shields Pl.

BURIAL, CREMATION, OR REMOVAL

Place MT Zion Cemetery Date May 19, 1932

UNDERTAKER Mrs Lelia R. Williams

(Address) 342 N. Schroeder Ste.

FILED 5-24-32 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw him alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Compound fracture L/t tibia & fibula — Date of onset .....

Other contributory causes of Importance: Run over by truck

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 3/16, 1932

Where did injury occur? Intersection of Monroe (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Run over by truck

Nature of injury Crushed L/t leg

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Feeney M. D. Coroner

(Address) 220 E Madison St

c.—9 30—A & Co.—250 Bks

79838 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 E 79838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2621 Boone (St.) 9-46 (Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grand Saunders

(a) RESIDENCE NO. 2621 Boone St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced, HUSBAND of (or WIFE of): Fannie Saunders

DATE OF BIRTH (month, day, and year): [illegible] 1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

040

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Albert Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Letitia Hebron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Fannie White (daughter) 2621 Boone Street

Filed [illegible] 1932 Hunting H. Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year): May 17/32

17

I HEREBY CERTIFY, That I attended deceased from May 9th, 1932, to May 17th, 1932

That last saw h[illegible] alive on May 16, 1932

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Thurgood Boyd M.D.

5/18/32 (Address) 401 E 25th St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: May 20 1932

20 UNDERTAKER: Thomas E. Kelly

ADDRESS 1303 Preston St

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

839

CERTIFICATE OF DEATH

34 E 79839

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Provident Hospital St. 11-24 Ward)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward Stokes

(a) Residence: No. 1129 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stokes

DATE OF BIRTH (month, day, year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward Merrill Stokes Sr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Catharine Baldwin

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary Stokes
(Address) 1129 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date May 20, 1932

UNDERTAKER Samuel C. Hennessey
(Address) 1818 Eutaw St

FILED 5-23-1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1932 to 5-17, 1932

I last saw h/m alive on 5-17 1932 death is said to have occurred on the date stated above, at 11.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	14 days ago
Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Arnold, M. D.

5-17 32 Address) Provident Hospital

Co. 3-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

9840

E 79840

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Penrose Ave. St. ..... Ward) 20-27

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? 43 yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Lundquist.

(a) Residence: No. 2103 Penrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Seven O. Lundquist,

7. DATE OF BIRTH (month, day, year) July 25. 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Sweden

13. NAME Not Known

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT Miss Ida Lundquist.
(Address) 2103 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 21 1932

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1930 to May 18, 1932

I last saw h.er alive on May 18, 1932 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Thiesen, M. D.

(Address) 1324 W Lombard St

D. B. 1268-9

79841 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 E 79841

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Goodwood Ave St., 27-44 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hanna C. Vogel

(a) Residence: No. 2606 Goodwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
feale	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry B. vogel

6. DATE OF BIRTH (month, day, year) May 3/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Henry Blome

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Elizabeth Rascher

15. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Edith Vogel

(Address) 2606 Goodwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 21, 1932

16. UNDERTAKER Jos. A. Lutbo

(Address) ~~2606 Edmondson Ave.~~ Huntington Terrace, Md.

FILED 21932, 19 R. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Mackenzie, M. D. Coroner

(Address) 508 E Fayette

M. & T.—100 B—50L

79842

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-201 ✓

E 79842

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 E. Lombard St. 22-5 WARD)

2-FULL NAME Joseph Strenkowski (Stelbe)

(a) RESIDENCE NO. 915 E. Lombard St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jacob Strenkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Paulina — 2

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joseph Bilecki

(Address) 1625 Eastern Ave

15 Filed 6-1-1932 Huntington Williams M.D. Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) B. J. Herzog M.D., M. D. Coroner

5/19, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL May 20 1932

20 UNDERTAKER Harry H. Pritzlaff ADDRESS 4101 Edmondson Ave

D. B. 1265-9 (Massieu) or Brooks 2202 N. Mth Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

9843

CERTIFICATE OF DEATH

53 E 79843

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4667 Park Heights Ave Ward) 27-56

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Jane Massieu

(a) Residence: No. 4667 Park Heights Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Massieu

7. DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John T. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Eliza Brennan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Massieu
(Address) 4667 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 21st 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

Filed May 19 1932 Arthington Nathalia, N.J.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1- 1932 to 5-18 1932

I last saw h. alive on 5-18 1932 Death is said to have occurred on the date stated above, at 1.25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of adrenal & ovary	18 mos.
Other contributory causes of importance: Addisons disease	6 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Brooks M. D.

(Address) 2202 North Ave.

. D. B. 1268-9

79844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79844

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 N. Luzerne St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Koppenhofer

(a) Residence: No. 1406 N. Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine S. Koppenhofer

DATE OF BIRTH (month, day, year) July 31/1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Alexander, Va.

13. NAME Christian Koppenhofer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Wessner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Katherinr Bauer

(Address) 1406 N. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Mem Date May 20 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1932 Huntington Pittinger, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

last saw h alive on , 19 . Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Other contributory causes of importance:

Genl Arteriosclerosis

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) J. H. Mitchell Coroner, M. D.

(Address) 5086 Main

D. H. 1268-9

Clarence S. Colburn

HEALTH DEPARTMENT—CITY OF BALTIMORE

79845

CERTIFICATE OF DEATH

E 79845

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Garrett Ave St., 9-4th Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence S. Colburn

(a) Residence: No. 2613 Garrett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Colburn

DATE OF BIRTH (month, day, year) Apr 25/1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind. Mutual 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Readville, Va.

13. NAME William Colburn

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Julia Croswell

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Elizabeth Colburn
(Address) 2613 Garrett Ave

BURIAL, CREMATION, OR REMOVAL Washington Nat Cemetery Date May 21st 1932

UNDERTAKER 1317 E. Paul St.
(Address)

51532

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound of Brain — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? In cellar of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) . M. D.
Coroner

(Address)

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9846

CERTIFICATE OF DEATH

E 79846

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE Union Memorial Hosp. (Ward)

th of residence in city or town where death occurred yrs. 3 Weeks How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Lowe.

(a) Residence: No. 6 Chicago Ill. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 6, 1866.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse trainer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ill.

13. NAME John Lowe

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ella Black

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Admiral C. F. Pearson
(Address) Washington D.C.

BURIAL, CREMATION, OR REMOVAL Date May 20 1932

Loudon Park Mitchell Son

UNDERTAKER John C. Mitchell Son
(Address) 1411 Eutaw Place

FILED 1932 Huntington Ave. N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13 . 19 . to May 18 . 19 .

I last saw him alive on May 13 . 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of skull	5/12/32
Other contributory causes of importance: Automobile accident	5/12/32

Name of operation none Date of

What test confirmed diagnosis? not Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/12 . 1932

Where did injury occur? Intersection Pulaski & Orchard sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury Auto struck traffic signal

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph Pokorny Coroner . M. D.

(Address) 2200 E. Madison St.

Zerivitz

E 79847

79847 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(M) 210-001

REGISTERED NO. 5-27-32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH
(a) OF BALTIMORE: (No. Maryland General Hosp ST. [illegible] WARD)
(b) FULL NAME Abraham Zerivitz
(c) RESIDENCE NO 5601 Merville Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
(d) Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
(a) HUSBAND of
(b) WIFE of late Ida

7 DATE OF BIRTH (month, day, and year) 1865

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

9 (a) OCCUPATION OF DECEASED
(b) Trade, profession or particular kind of work Bakery
(c) General nature of industry, business, or establishment in which employed (or employer) 103
(d) Name of employer

10 BIRTHPLACE (city or town) (State or country) Russia

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

15 Informant Joseph Zerivitz (Address) 5601 Merville Ave

Filed [illegible] 192 Registrar Huntington Williams, M.D. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart failure following fractured left tibia & fibula

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Struck by auto while walking on Pennsylvania Ave Date of 5/18/32

Did an operation precede death? no

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny Coroner, M. D.

5/19, 1932 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL May 20, 1932

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

D. B. 1268-9

9848

E 79848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 Sargeant St. 21-29 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie L Snouffer

(a) Residence: No. 1343 Sargeants St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced) HUSBAND of (or) WIFE of Richard L Snouffer

6. DATE OF BIRTH (month, day, year) Sept 12 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Zimmaman

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Jonestown Md

17. INFORMANT Mrs Herbert Harrison

(Address) 1343 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hanover May 2 1932

19. UNDERTAKER William Cook

(Address) 1217 E Baltimore St

Hunter's Ave Phone Plaza 4[illegible]

20. FILED MAY 2 1932

Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1932 to May 18 1932

that I last saw h[illegible] alive on May 16, 1932 Death is said to have occurred on the date stated above, at 5.[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Wm A Strauss M. D.

(Address) 1901 Giffords

. D. B. 1268-9

Shapsky

E 79849

E 79849 HEALTH DEPARTMENT—CITY OF BALTIMORE

89-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument St., 14-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

2. FULL NAME Israel Shapsky

(a) Residence: No. 1327 Hollins St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-26-1921

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	11		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bats Bat

MOTHER FATHER

13. NAME Abraham Shapsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose Blotsin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Shapsky
(Address) 1327 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place W. C. Cemetery Date 5-20-32, 19

19. UNDERTAKER Joseph Lewis
(Address) 1439 E. Baltimore St

20. FILED MAY 20 1932 Theodore R. McKeldin Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to May 19, 1932

I last saw him alive on May 19, 1932 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute otitis media	May 10, 32
Acute mastoiditis	5/10/32
Strep. meningitis	5/10/32

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 5/19/32

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
...If so, specify ...

(Signed) M. B. Kenin, M. D.

(Address) Sinai Hospital

2200 E Mad

E 79850

(M)

10-M & T—100 B—50L

79850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5X 210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospital ST., ... WARD)

2-FULL NAME Rose Freid

(a) RESIDENCE NO 3916 Reistertown Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Freid

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Louis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Goldie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Milton Askin

(Address) 18 S. Hanover St

15 Filed 5-21-1932, 192 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull (compound) 5/18/32

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Riding in automobile in which she was collided with in Druid Park Drive on Reistertown Rd. Date of 5/18/32.

Did an operation precede death? no

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny Coroner, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friedal Cem.

DATE OF BURIAL 5/20 19 32

20 UNDERTAKER Jack Lewis One

ADDRESS 1434 E Baltimore

E 79851

79851 T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

32-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 Ashland Ave ST., 7-13 WARD)

2-FULL NAME Theodore Otis Harrison

(a) RESIDENCE NO. 1641 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Brown Harrison

DATE OF BIRTH (month, day, and year) Apr. 23, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29		24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond Va.

10 NAME OF FATHER James Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Halifax N.C.

12 MAIDEN NAME OF MOTHER Amanda Patten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Halifax N.C.

Informant Mrs. Maggie Harrison.

(Address) 1641 Ashland Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17. 32

17 I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1932, to May 17, 1932, that I last saw him alive on May 17, 1932, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute Miliary Tuberculosis

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm L. Berry, M. D.

, 19 (Address) 1410 E. Cold...

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL May 20, 1932

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 19-5 Ashland Ave

Huntington W. Va.

01032

B. B. 1268-9

79852 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79852

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1139 N Carey St St., 16-13 Ward)

gth of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Sanger

(a) Residence: No. 1139 N Carey St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie J Sanger

DATE OF BIRTH (month, day, year) Aug 15 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Sanger

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Elizabeth Sanger

(Address) 1139 N Carey St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 22 1932

UNDERTAKER Thomas E Bissell

(Address) 7009 Connelly Lane

Filed MAY 20 1932 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/32

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to May 19 1932

I last saw him alive on 5/18 1932 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Myocarditis	5/12/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. J. Peterkin M. D.

(Address) 1220 Vt Ave

E 79853

79853

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 714-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital St. 19 Ward

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Tuck

(a) Residence: No. Fintheum Hgts, St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of Myrtle Tuck

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Geo Tuck

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Hurst

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Myrtle Tuck
(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 5-20-1932

19. UNDERTAKER Leftwich Bryan & Sons
(Address) Richmond Va

20. FILED 5-20-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1932 to 5-19, 1932

I last saw him alive on 5-17, 1932 death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

Rt. Lung Abscess — Date of onset May 1931
Non Tuberculer

Other contributory causes of importance:

Thoracoplasty 5-5-32
Thoracoplasty 5-18-32
Thoracoplasty

Name of operation Date of 5-19-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. W. Peake M. D.

(Address) Franklin Square Hosp.

79854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79854

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore, Md. St. 93-31 Ward)
(If not in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Garner

(a) Residence: No. 54 W. West St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie Stewart 1876

7. DATE OF BIRTH (month, day, year) Feb. 11, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Chas Garner

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mamie Garner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Balto City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cemetery Date 5/20, 1932

19. UNDERTAKER New Point C. Funeral Dir.
(Address) 3221 Edmondson Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1931 to 5-16, 1932

I last saw h... alive on 5-16, 1932 Death is said to have occurred on the date stated above, at 12.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	May 1930
Pneumonia, Thrombosis	5-16

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin. Cal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-16-32 (Signed) Edward Schaefer M.D.

(Address) Baltimore City Hospitals

2-29-28—L. F. S.—500 Bks.

É 79855

79855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 224 S. Bethel ST. 3-4 WARD)

2—FULL NAME Mary Lett

3(a) RESIDENCE NO. 224 S. Bethel ST., WARD

(Usual place of abode) (If noo-resident give city or town and State)

3(b) Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Lett

7 DATE OF BIRTH (month, day, and year) July 2 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General natore of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Wilson Everhart

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant Leonard Lett

(Address) 224 S. Bethel St

Filed MAY 20 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to May 16, 1932, that I last saw h alive on May 13 1932, and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Constant yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) E. B. Gilbert, M. D.

May 19 1932 (Address) 24 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL May 21 1932

20 UNDERTAKER Robert B. Williams

ADDRESS 1515 N. Eden St

Director

10—M. & T.—100 B—50L

E 79856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79856

CERTIFICATE OF DEATH

REGISTERED NO. 18V

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (WARD) 20-69

2-FULL NAME Charles L. Heath Jr.

(a) RESIDENCE NO. 2105 (ST.) Hollins (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 2, 1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Charles L. Heath

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Irma McQuay

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Charles L. Heath Jr.

(Address) 2105 Hollins St.

Filed MAY 20 1932 Huntington Williams, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebrospinal meningitis (epidemic)

(duration) yrs. mos. 30 hours ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy H. Cromwell M. D. Coroner

5/20 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL May 20 1932

20 UNDERTAKER Geo. L. Schwab

ADDRESS 2101 Frederick Ave

D. B. 1268-9

857 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 97 E 79857

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 303 E Hamburg St. 24 Ward 33)
Length of residence in city or town where death occurred 75 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie G. Neill

(a) Residence: No. 303 E Hamburg St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hugh A Neill

6. DATE OF BIRTH (month, day, year) 10-21-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired } 037
10. Date deceased last worked at this occupation (month and year) ?) | 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H Hudson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Deer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Appel
(Address) 303 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 21 1932

19. UNDERTAKER John F. Denny
(Address) 115 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from May ?) 1922 to May 18 1932
I last saw her alive on May 18 1932. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1922
Other contributory causes of importance:	
Uraemia	several months

Name of operation not any Date of ...
What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. L. Benston. M. D.
(Address) 301 East Cross St.

B. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9858

CERTIFICATE OF DEATH

92-001 E 79858

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 920 McCulloh St., 14-30 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lucy L. Rogers

(a) Residence: No. 920 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alfred Rogers

DATE OF BIRTH (month, day, year): 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charles Co Md

13. NAME OF FATHER: Wm Gordon

14. BIRTHPLACE (city or town) (State or country): Charles Co Md

15. MAIDEN NAME OF MOTHER: Mckinney

16. BIRTHPLACE (city or town) (State or country): Charles Co Md

17. INFORMANT: Alfred B Rogers

(Address): 920 McCulloch

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: May 20th 1932

19. UNDERTAKER: Archibald G. Geddis

(Address): 844 W Lanvale St.

20. FILED MAY 20 1932. 19 Hunter for Tribuelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 19 32 I last saw h alive on May 17 19 32 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation: Regulum Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Lusk, M. D.

(Address) Coroner

B. 1265-9

79859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79859

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ida Brown

(a) Residence: No. 804 Tessier St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of James F. Brown

6. DATE OF BIRTH (month, day, year) 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hagerstown
(State or country) Maryland

13. NAME OF FATHER Lloyd Richard

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Ida Richard

16. BIRTHPLACE (city or town) Hagerstown Md.
(State or country)

INFORMANT Raymond Brown
(Address) 804 Tessier St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date May 20th 1932

UNDERTAKER Archibald E. Gaddis
(Address) 1848 McCulloh St. Baltimore, Md.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to May 18, 1932

I last saw her alive on May 18, 1932 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3 days
Bronchopneumonia	3 days
Other contributory causes of importance:	
Arterio sclerotic cardio vascular disease	10 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No ... If so, specify ...

(Signed) J. Karl Grossman, M. D.

(Address) Mercy Hospital.

Co. S-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79860 E 79860

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1525 N. Washington St. 8-17 Ward)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Kenna

(a) Residence: No. 1525 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Edward McKenna

7. DATE OF BIRTH (month, day, year) May 30 1896

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	35	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Thomas E. Hudgins

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Brandau

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas E. Hudgins

(Address) 1525 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Cemetery Date May 21 1932

19. UNDERTAKER Henry Strech & Sons Inc.

(Address) 1301 E. Eager St

20. FILED MAY 20 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to May 19 1932, that I last saw h... alive on May 17 1932, and death, as said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 5 mo

Other contributory causes of importance:

acute Cardiac Dilatation — Terminal — Date of 10 hrs.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry, in home~~, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Reynolds, M. D.

(Address) 1500 North Ave

Director

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9861

CERTIFICATE OF DEATH

59 E 79861

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1606 N. Bond St. 8-17 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? about 70 yrs. ..... mos. ..... ds.

FULL NAME Mary Heim

(a) Residence: No. 1606 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Heim

DATE OF BIRTH (month, day, year) Mar. 24 1854

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	78	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Sebastian Kreigler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Jenny Heith

(Address) 1606 N. Bond St.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 23 1932

UNDERTAKER Lilly & Zeiler Inc.

(Address) 2038 W. Baltimore St.

MAY 20 1932 Huntington Woods, Md.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 9, 1932, to May 19, 1932

I last saw her alive on May 19 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis	
Other contributory causes of importance: Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Claud Smink, M. D.

(Address) 4706 Harford Road

79862

79862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2456 W. Baltimore ST. 70-69 WARD)

2-FULL NAME Laurence J. Schaefer

(a) RESIDENCE NO 2456 W. Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 21, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	24	3	28	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis H. Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary K. Kreiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary K. Schaefer

(Address) 2456 W. Baltimore St

15 Filed ..... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

Suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Bromwell, M.D.
Coroner

May 20 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redmen Cemetery — DATE OF BURIAL May 21 1932

20 UNDERTAKER George A Farley — ADDRESS 1800 N Fayette st

Director

D. B. 1268-9

79863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79863

CERTIFICATE OF DEATH

122-002

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Little Walnut St (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Walter Brown

(a) Residence: No. 1809 Little Walnut St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Brown

DATE OF BIRTH (month, day, year): 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country): Baltimore Md

13. NAME OF FATHER: Walter Brown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Elizabeth Brown

(Address) 1809 Little Walnut St

BURIAL, CREMATION OR REMOVAL

Place: Mt. Auburn Date: 5/20 1932

UNDERTAKER: Samuel Stelmachowicz

(Address) 928 N. Bradford St

FILED 5/20 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to May 18, 1932

last saw him alive on May 18, 1932. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Unknown
Other contributory causes of importance:	

Name of operation: Exp. Lap. Date of: —

What test confirmed diagnosis: Exp. Lap. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Dimmick M. D.

(Address) 1534 Eutaw Pl Ave

H. D. B. 1268-9

79864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79864

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Robinson St., 7-11 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dudley M. Butler

(a) Residence: No 635 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Butler

DATE OF BIRTH (month, day, year) Feb 4/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	51	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Post 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME William Butler

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Hanna Hadsell

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mary Butler

(Address) 635 N. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date May 21, 1932

19. UNDERTAKER Frank Conchidon

(Address) 166 Collins Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Bacon, M. D.
Coroner

(Address) 108 Mass Ave

E 79865

Spec.—1-10-21—M&T—1500 Blks.

E 79865 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 622 Wyeth ST. 24 WARD 24

2-FULL NAME Frank Joseph Wedel

(a) RESIDENCE NO. 622 Wyeth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of: Edith Wedel

6 DATE OF BIRTH (month, day, and year): July 3, 1903

7 AGE — Years: 28 Months: 10 Days: 16 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Broom sewer

(b) General nature of industry, business, or establishment in which employed (or employer): Broom factory

(c) Name of employer: Sa Ripple Bros.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John. F. Wedel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER: Anne E. Sheldon deceased

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md.

14 Informant (Address): John F. Wedel 622 Wyeth St

15 Filed 20 1932 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1932

17 I HEREBY CERTIFY, That I attended deceased from April 4. 1932. to May 19. 1932.

that I last saw h alive on May 18. 1932.

and that death occurred, on the date stated above, at 5.40 A m.

The CAUSE OF DEATH* was as follows:

Cardiorenal disease - rheumatic type

Granular ker. passive congestion (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary edema (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin data

(Signed) Leo Ehlenberger M.D.

. 19 (Address) 3034 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 23 1932

20 UNDERTAKER: Harry A. Woitzke — ADDRESS: 4101 Edmondson

10—M. & T.—100 B.—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79866 — E 79866 — REGISTERED NO. 901

1-PLACE OF DEATH Pronounced Dead — WARD 5-8

CITY OF BALTIMORE: (No. Mercy Hospital ST.) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Major Blake

(a) RESIDENCE NO. 512 East ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 5th 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — Unknown

9 BIRTHPLACE (city or town) (State or country) — Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed MAY 20 1932 — 202 Huntington Ave. — Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Angina Pectoris

Arteriosclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon, M. D. Coroner

(Address) 525 E. 23rd 708 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL May 20 19 32

ADDRESS Interment at Health.

20 UNDERTAKER

79867 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79867

CERTIFICATE OF DEATH

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 21-24 WARD)

2-FULL NAME William Thomas Johnson

(a) RESIDENCE NO. 923 Hamburg St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant .....

(Address) .....

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. P. Weaver M. D. Coroner

May 15 1932 (Address) 1305 Fallsway Trade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred at Mt. Lebanon Cem.

DATE OF BURIAL May 20 1932

ADDRESS .....

20 UNDERTAKER Chas. E. Cahoon Hospital

Per W. E. Cahoon

Co. 5-31 250B

79868 HEALTH DEPARTMENT—CITY OF BALTIMORE 79868

CERTIFICATE OF DEATH

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Maury

(a) Residence: No La Plata, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

If married, widowed, or divorced HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Aug. 29, 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 yrs

BIRTHPLACE (city or town) (State or country) La Plata Md.

13. NAME George Maury

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Hawkins

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Lodge Center
(Address) La Plata, Md

BURIAL, CREMATION, OR REMOVAL
Place Courthouse Cem. La Plata Md. 1932

UNDERTAKER Henry A. Penn
(Address) La Plata Md

FILED ... 1932 ... Registrar.
... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 19, 1932

I last saw him alive on May 19, 1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis (cause unknown)	5/12/32
Other contributory causes of importance: Anaemia	5/15/32

Name of operation none Date of ...

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Peter Meranchi M. D.

(Address) Lydenham Hospital

Sophie C Barclay. E 79869

9869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 176

PLACE OF DEATH Union Memorial Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 N Mt St. 4-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Sophie C. Barclay

(a) Residence: No. 14 East Franklin St., Ward. Balt. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Denkmann H Barclay

DATE OF BIRTH (month, day, year) Feb 14 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	3	5	

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME of Father Salisbury (Landsbury)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of Mother Lena Sing

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Bruce D Woods 1000 Hendenwood Road

18. BURIAL, CREMATION, OR REMOVAL. Place Green Mount Date May 21, 1932

19. UNDERTAKER (Address) Pritchett & Sons Baltimore, Md.

20. FILED MAY 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to May 19, 1932

I last saw h alive on May 19, 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis acute with Calculus — Interval between onset and death 3 days
Circulatory Failure following
Cholecystectomy

Other contributory causes of importance:

Name of operation Cholecystectomy Date of May 19-32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? if so, specify

(Signed) Samuel McCausland M. D.
(Address) Union Memorial Hosp

Director

D. B. 1268-9

E 79870

79870 HEALTH DEPARTMENT—CITY OF BALTIMORE

49

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2805 Oakley Ave St. 9-7-56 Ward)
Length of residence in city or town where death occurred 42 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Christine Morris
(a) Residence: No. 2805 Oakley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Howard L. Morris.

DATE OF BIRTH (month, day, year) Aug. 25, 1889

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	42	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME of Father Ludwig
14. BIRTHPLACE (city or town) (State or country) Pa York Co.
15. MAIDEN NAME of Mother Mary L Dirney
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT Mr. Howard L Morris
(Address) 2805 Oakley Ave
18. BURIAL, CREMATION, OR REMOVAL. Date May 24 1932
Place Druid Ridge Cem
19. UNDERTAKER Wm McKinney & Sons
(Address) North & Davis

Filed ..... 19... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to May 19 1932
I last saw her alive on May 19, 1932. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:
Carcinoma ovaries bilateral - extensive metastasis — Date of onset April 1931

Other contributory causes of importance:

Name of operation Oophorectomy Date of 2/29/32
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant E Ward. M. D.
(Address) Medical Arts Bldg.

Co. 5-31 250B

E 79871

9871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Alfred A. Baer

(a) Residence: No. 3013 Glenmore Ave St., Ward. York Penna

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Verona Baer

DATE OF BIRTH (month, day, year) June 15-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler Maker

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

13. NAME Edward Baer

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME ? Bryan

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mr Leroy Baer

(Address) 3013 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place York, Pa Date May 21 1932

19. UNDERTAKER Wm Fletcher Sons

(Address) York & Pine Sts

20. FILED May 21, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 19, 1932

I last saw him alive on May 19, 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 5/14/32

Other contributory causes of importance: Senility Infirmities of old age — about 1 yr

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. F. Young, M. D.

(Address) Of Jewish Hosp

—1-30—M. & T.—250 Blks.

79872 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79872

CERTIFICATE OF DEATH.

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 2206 Gordon Road ST. (Ward)

2-FULL NAME Anna Lavia Jenkins

(a) RESIDENCE NO. 2206 Gordon Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

married, widowed, or ~~divorced~~

HUSBAND of or) WIFE of James Thos. Jenkins

TE OF BIRTH (month, day, and year) Jan. 18th 1866

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	3	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER George W. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Wilbur P. Jenkins

(Address) 2233 Reisterstown Road Balto.

Filed 5-20-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 9th, 1932, to May 19th, 1932, that I last saw her alive on May 19th, 1932, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elbert C. Ritzy M. D.

5/19, 1932 (Address) 2221 N. Fulton Av. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL May 23 1932

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79873

CERTIFICATE OF DEATH

124 E 79873

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-32 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin F. Graham

(a) Residence: No. 727 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Millie D Graham

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sinai Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 20. 1932

19. UNDERTAKER Geo M. Funk & Son
(Address) 8 W Preston St Baltimore, Md.

20. FILED 1932 19 Rev'd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to May 19, 1932

I last saw him alive on May 19, 1932 Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis of Liver	1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. B. Kirsh, M. D.

(Address) Sinai Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79874 E 79874

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 6-67 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lindsay

(a) Residence: No. 758 Linnard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, ~~widowed, or divorced~~
HUSBAND of ~~(or WIFE of)~~ Rosa A. Le Doyen

7. DATE OF BIRTH (month, day, year) Dec 14th 1861

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

13. NAME John B. Le Doyen

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Fannie Slain

16. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

17. INFORMANT (Address) Rosa A. Le Doyen 758 Linnard st

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date May 23rd 1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul st

20. FILED 1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25 1932 to May 20 1932

I last saw him alive on May 20 1932. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of scrotum	5/1/31
Other contributory causes of importance: Bilateral broncho-pneumonia	5/18/32

Name of operation None Date of .....

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. Yeager M. D.

5/20/32 (Address) Mercy Hospital

. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79875

79875

CERTIFICATE OF DEATH

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Park Heights Ave Ward 27-56

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin O. Norris

(a) Residence: No. 4703 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret W. Mann

DATE OF BIRTH (month, day, year) Sept. 27. 1875 Md.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	24 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent for Grocers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

13. NAME Alex. Z. Norris

14. BIRTHPLACE (city or town) (State or country) St. Marys. Co. Md.

15. MAIDEN NAME Mary C. Kirby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret W. Norris

(Address) 4703 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Date May 23 1932

Place Druid Ridge Cem. The Mitchell Co.

19. UNDERTAKER (Address) 1532 Pennsylvania Ave. Baltimore, Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from November 2 1931 to May 20 1932

I last saw him alive on May 2 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

1. ANGINA PECTORIS

Other contributory causes of importance:

Date of onset
1923

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify M. D.

(Signed) C. W. Mann

(Address) 8 E. Read St.

D. B. 1268-9

9876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79876

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4[illegible]104 Augusta Ave. St. 20-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie V. Miller

(a) Residence: No. 10[illegible] Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
female	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob E. Miller

DATE OF BIRTH (month, day, year) Jany 6. 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Thomas H. Barton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Virginia A. Neihoff

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Holland E. Miller

(Address) 2902 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 21. 19 32

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1726 Eutaw Place

Huntington Williams

20. [illegible] 01932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-17. 1932 to 5-19. 1932

I last saw h[illegible] alive on 5-19. 1932 Death is said to have occurred on the date stated above, at 7a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-12-32

Other contributory causes of importance:

Hypostatic Congestion of Lungs

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 715 Fredericka[illegible]

Spec.—9-30—A. & Co.—250 M.

79877 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79877

CERTIFICATE OF DEATH

93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2125 St. Paul ST. 12-50 WARD)

2 FULL NAME Isabella Nesbit O'Brien

(a) RESIDENCE NO. 2125 St. Paul ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) abt. 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt 65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None pd

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER James O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Anne R. McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Mrs. Ringgold D. Leeman 103 Ridgewood Road

15 Filed ..... 1932 ..... Huntington Williams, Registrar
H. P. M. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1932

17

I HEREBY CERTIFY, That I attended deceased from March, 1926, to May, 1932

that I last saw h[illegible] alive on May 19, 1932

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic (with hypertension)

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) 1 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Wm. L. Mitchell M. D.

(Address) 1117 Wyndhurst

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	5/21 1932

20 UNDERTAKER Stewart & Mowen Company 138 N. North Ave.

ADDRESS

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79878

9878

CERTIFICATE OF DEATH

(M) 210-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hospital St. 4-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Virginia Bayless

(a) Residence: No. 323 S. Vincent St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Leo Bayless

DATE OF BIRTH (month, day, year) Oct 25 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Williamsburg Va.

13. NAME Thomas Wilkins

14. BIRTHPLACE (city or town) (State or country) Williamsburg Va

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Williamsburg Va

INFORMANT (Address) Leo Bayless 323 S. Vincent St

RURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date May 22 1932

UNDERTAKER Joseph A. Lively

(Address) 509 N. Mount Street.

FILED 1932 Huntington Williams N.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury Depressed left frontal fracture of skull	

Other contributory causes of importance:

Automobile accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/18 1932

Where did injury occur? Annapolis Blvd. & Maris Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto struck an ice truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sweeney Coroner M. D.

(Address) 2200 E Madison St

4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79879 E 79879

CERTIFICATE OF DEATH

Registered No. 1107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E Biddle St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie P. Kennedy

(a) Residence: No. 1011 E. Biddle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Kennedy (nee Connor)

DATE OF BIRTH (month, day, year) Dec 30, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired General 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor on City Dock

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph P. Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose McNally

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary E. Kennedy Wife

(Address) 1011 E. Biddle St.

18. BURIAL, CREMATION OR REMOVAL Place Mt. Catherine Cemetery Date May 23, 1932

19. UNDERTAKER Eugene V. Conklin

(Address) 22 E. Lafayette St.

20. FILED 1932 Huntington, Williams, N.Y. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1932 to 5/19, 1932

I last saw h[illegible] alive on 5/19, 1932 death is said to have occurred on the date stated above, at 1020 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/14/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Wolff M. D.

5/Prov (Address) 1216 E Calvert St

aCo. 5-31 250B

79880 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79880

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 620 N Carrollton Ave St.) 16-23 (Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Wesley Hall

(a) Residence: No. 620 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 25. 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Geo. W. Hall
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Louise Nelson
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Geo. W. Hall
(Address) 620 N Carrollton
18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date May 21 1932
19. UNDERTAKER Bert Mc Williams
(Address) Huntington, W. Va.
Filed 19 Registered

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 19, 1932
I last saw him alive on May 19, 1932 death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/18/32

Other contributory causes of importance:

Bronchitis Ac.	5/16

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. E. Bell, M. D.
(Address) 1 W. Franklin

Co. 5-31 250B

79881 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79881

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals St. 1-V Ward)

TY OF BALTIMORE: (No. ..... St., ... Ward)

ngth of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Philip Spina

(a) Residence: No. 258 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 30, 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	11			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Leonard

14. BIRTHPLACE (city or town) ?
(State or country) Italy

15. MAIDEN NAME Carmela ? Barbagello

16. BIRTHPLACE (city or town) ?
(State or country) Italy

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 23, 1932

19. UNDERTAKER Frank V. Pipitone
(Address) 818 E. Balto. St.

20. FILED 1932 Hunter Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-15-32, 19..., to 5-18, 1932
I last saw him alive on 5-18, 1932 death is said to have occurred on the date stated above, at 9:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Furuncle on Forehead over Rt. Eye	5-11-32
Other contributory causes of importance: Septicemia ! Cerebral thrombosis	1 day

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Luther E. Linder M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79882

CERTIFICATE OF DEATH

23 E 79882

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 16-22 Ward.

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Butler

(a) Residence: No. 1124 N. Stricker st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Butler

DATE OF BIRTH (month, day, year) Oct. 17, 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Alex Butler

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Anna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/21/32 19

19. UNDERTAKER Chas L. Cotton
(Address) 544 N. Carrollton St.

MAY 21 1932 Huntington Ave. Boston, Mass.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16 . 1932 to May 18 . 1932

I last saw him alive on May 18 . 1932 Death is said to have occurred on the date stated above, at 11.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 1/2 months
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence H. Sens . M. D.
(Address) Baltimore City Hospitals.

Co. 5-31 250B

79883 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ L 79883

CERTIFICATE OF DEATH

Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Calverton Heights St. 20-64 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva W. Horney.

(a) Residence: No. 2533 Calverton Heights Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Wells Horney.

DATE OF BIRTH (month, day, year) March 31. 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Sollers A. Wilson.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Lulu R. Nichols,

16. BIRTHPLACE (city or town) (State or country) Anna Arundel Co. Md.

17. INFORMANT Thomas N. Horney
(Address) 2533 Calverton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date MAY 23 1932

19. UNDERTAKER Geo N. Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 21 1932 Huntington Williams, M.D. Registrar
Col. color

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~MAY 20 1932~~ 19

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to May 20, 1932

I last saw her alive on May 20, 1932 death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Paralysis (Right side)	5/18/32
Other contributory causes of importance: Myocarditis (Chronic)	Unknown
Chronic Bright's Disease	

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wethered Fort, M. D.

(Address) 20 S. Preston St.

aCo. 5-11 2508

79884 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 131 E 79884

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 501 E. 39th. St. St. 9-47 Ward)

ngth of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME George J. Schlossel

(a) Residence: No. 501 E. 39th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) February 22, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental Supply

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Schlossel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Victoria Hennebergar

16. BIRTHPLACE (city or town) (State or country) Germany

. INFORMANT (Address) Chas. L. Wain 501 E. 39th. St.

8. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date May 23/1932

9. UNDERTAKER (Address) Chas. H. Greusthon 111 W. Mt. Royal Ave.

MAY 21 1932 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th. 1932

22. I HEREBY CERTIFY, That I attended deceased from 1928, to May 20 1932

I last saw him alive on May 19, 1932 death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1928
Arterio-sclerosis	1928
Cerebral Hemmorhage May 19	1932
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Fraley, M. D.
(Address) 3522 Greenmount Ave

79885

✓ E 79885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 814 Calhoun ST, 16-22 WARD)

2—FULL NAME Silliman Hamilton

(a) RESIDENCE NO. 814 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country): S.C. ?

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: F. B. McCoy

(Address) 814 Calhoun St

Filed MAY 21 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/32

17 I HEREBY CERTIFY, That I attended deceased from 4/17/32, 19, to 5/13/32, 19, that I last saw him alive on 5/13/32, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

about 15 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 6 yrs. 11 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. L. Barksdale M.D.

19 (Address) 516 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: May 21, 1932

UNDERTAKER: Samuel Hawley

ADDRESS: W. Balto

AACo. 1-11-32OR

79886 **HEALTH DEPARTMENT CITY OF BALTIMORE** 93 E 79886

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

28-64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 Kathland Ave. St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Max Kohner

(a) Residence: No. 4121 Kathland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie S. Kohner

7. DATE OF BIRTH (month, day, year) April 24, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry Mnfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Moritz Kohner

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Minna ----------?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mr. F. Kohner
(Address) 4121 Kathland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date May 23 1932

19. UNDERTAKER Hurd Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 5-24-1932 Huntington Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th. 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1931 to May 20, 1932
I last saw h.. alive on May 20, 1932 death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis } Myocarditis }	1927 5 years
Other contributory causes of importance: Cerebral hemorrhage	May 20 1932 1 day

Name of operation None Date of -

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Frederick Lentz, M. D.
5/21-32 (Address) Temple Garden Apts.

-30—M & T—100 B—50L

E 79887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79887

CERTIFICATE OF DEATH

126

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 11-24 WARD)

2-FULL NAME Laura Swinton

(a) RESIDENCE NO. 124 Dolphin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): 0/0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER Cornelius Swinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER Virginia Wyatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant Mrs. Virvatine McMair

(Address) 124 Dolphin St

15 Filed ..... 192 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(duration) yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Fellers, M. D. Coroner

May 20, 1932 (Address) 639 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: George Town S.C.

DATE OF BURIAL: 5-21 1932

20 UNDERTAKER: Daniel Easton

ADDRESS 716 6th ave

Director

E 79888

79888

Spec. Dept. Ref. T – 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert A Reiff

(a) RESIDENCE NO. Eustis, Florida ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced ~~WIFE of~~ HUSBAND of Byron Morton Reiff

6 DATE OF BIRTH (month, day, and year) Mar 27 - 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work electrician 029

(b) General nature of industry, business, or establishment in which employed (or employer) fertilizer company

(c) Name of employer Florida Humus Co.

9 BIRTHPLACE (city or town) Marion (State or country) Ohio

PARENTS

10 NAME OF FATHER Carl (Charles) Reiff

11 BIRTHPLACE OF FATHER (city or town) (State or country) (Germany

12 MAIDEN NAME OF MOTHER Therese Reiff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Byron Reiff (wife)

(Address) Eustis, Florida

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1932

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1932, to May 21, 1932, that I last saw h in alive on May 21, 1932 and that death occurred, on the date stated above, at 7:40 a.m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma, secondary anemia, respiratory failure

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) respiratory failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Florida

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Edmund Kelly, M. D.

May 21 1932 (Address) 1418 Eutaw Place, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marion Ohio

DATE OF BURIAL 5/21 1932

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Holland St

rec.—2-29-28—L. F. S.—500 Bks.

79889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79889

107-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. Fulton Ave ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. R. Artz

(a) RESIDENCE NO. 900 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Wt.

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Catherine Artz

DATE OF BIRTH (month, day, and year): July 6 1857

AGE: 75 | 12 Years: 73 | Months: 10 | Days: 21 | If LESS than 1 day, hrs. or min.:

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Hagerstown Md.

10 NAME OF FATHER: Samuel Artz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Nigh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mrs. Mary C. Artz

(Address): 900 N. Fulton Ave. Balto., Md.

Filed ..... 19 ..... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21, 1932.

17 I HEREBY CERTIFY, That I attended deceased from May 16 1932 to May 21 1932.

that I last saw him alive on May 21 1932.

and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 6 ds.

~~(CONTRIBUTORY)~~ (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Augustine P. Van Sant M. D.

19 (Address) 900 N. Fulton Ave. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hagerstown, Md.

DATE OF BURIAL: May 24 1932.

20 UNDERTAKER: Fred W. Kaid

ADDRESS: Hagerstown, Md.

M. D. R. 1265-9

79890 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 79890

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 93-003

CITY OF BALTIMORE: (No. Baltimore, Md St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Baroch

(a) Residence: No. 129 Lakewood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pete Baroch

6. DATE OF BIRTH (month, day, year) 10-15-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Rypacek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 24 1932

19. UNDERTAKER Frank Brockton
(Address) 1906 Eastlund Ave

FILED 5 27 1932 Huntingtown Md Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1932 to Date 1932

I last saw him alive on 5-20 1932 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	6 months
Other contributory causes of importance: Edema Arteriosclerosis	5-20 3 x

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-20-32 (Signed) Chas. Hightberger M. D.

(Address) Balto City Hospitals

E 79891

M. & T. 100 B. 6/31

E 79891

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 v

CERTIFICATE OF DEATH

16-29

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME Emanuel Shaver.

(a) RESIDENCE NO. 896 W. Lombard St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. [redacted] mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced, HUSBAND of (or WIFE of): Annie Shaver.

6 DATE OF BIRTH (month, day, and year): March 15, 1888

7 AGE: Years 44 | Months 2 | Days 5 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist 031
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Ship Repair Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Canada.

PARENTS

10 NAME OF FATHER: Charles Shaver.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada.

12 MAIDEN NAME OF MOTHER: Virginia Trudell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada.

14 Informant: Annie Shaver. (wife)
(Address) 896 W. Lombard St.

15 Filed MAY 22 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningo Vascular Syphilis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 821 Key Highway.

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

5/21/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 5/23/1932

20 UNDERTAKER: John F. Howard

ADDRESS: 701 Fort Holland St.

M. D. H. 1265-9

E 79892

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79892

CERTIFICATE OF DEATH

131V

Registered No. 15-65

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8916 Bonner Road (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Annie R Shipley

(a) Residence: No. 3916 Bonner Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Shipley

6. DATE OF BIRTH (month, day, year) Feb. 24 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Fitch

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Litchfield

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John F Shipley

(Address) 3908 Fairfax Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 23 1932

19. UNDERTAKER George Smith

(Address) 532 Baltimore St

20. FILED MAY 23 1932 Hamilton Jeffers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8th 1932, to May 20 1932

I last saw her alive on May 20 1932. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Diffuse nephritis	
Other contributory causes of importance: Acute Diffuse Nephritis	5-1032

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer B Brennan M. D.

(Address) 807 - Cathedral St

79893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79893

93-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: No. 627 Lemard St., 16-67 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm L Lewis
(a) Residence: No. 627 Lemard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Lewis

DATE OF BIRTH (month, day, year): Feb 4 1865

AGE: Years: 67 | Months: 3 | Days: 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ol3
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): V. S. Va.

13. NAME: John Lewis
14. BIRTHPLACE (city or town) (State or country): V. S. Va.
15. MAIDEN NAME: Julia Brannan
16. BIRTHPLACE (city or town) (State or country): V. S. Va.

17. INFORMANT: Mary E Lewis
(Address): Indian Head Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Cemetery Indian Head Date: May 22. 1932

19. UNDERTAKER: J Vernon Kellner
(Address): 1632 Hollins St

22 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Failure	
Sudden	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J C Funk M. D.
Coroner
(Address) Catonsville

M. D. R. 1268-9

E 79894

79894 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 E. Lafayette Ave. St., 12-19 Ward)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie G. Evans

(a) Residence: No. 212 E. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Evans

6. DATE OF BIRTH (month, day, year) July 25-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Harrison Adreon

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Jesse Guitean

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Benjamin Evans
(Address) 212 E Lafayette Av

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Date 5/23/32

19. UNDERTAKER Oliver Sales
(Address) Lexington & Eutaw Sts Md

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from October, 1929 to May 21, 1932
I last saw her alive on May 15, 1932. Death is said to have occurred on the date stated above, at 11 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1928

Other contributory causes of importance:

Metastases

Name of operation Removal of both breast Date of 11/11/29

What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I W Keown, M. D.

(Address) 1938 Linden Ave

E 79895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 79895

46 V

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. I726 Gough St ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredericka Arendt

(a) RESIDENCE NO. I726 Gough St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred I5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced, HUSBAND of or) WIFE of: Robert Arendt

7 DATE OF BIRTH (month, day, and year): Jan I7 th I8 59

8 AGE: Years 73 Months 4 Days 3 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED: at home

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

11 NAME OF FATHER: John Leipold

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: dont know

14 BIRTHPLACE OF MOTHER (city or town) (State or country): germany

14 Informant (Address): Mrs Ella Schoeppe 2))I N Washington St

15 Filed 2 2 1932, 19 Huntington Williams N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 23, 19 32 to May 20, 19 32.

that I last saw her alive on May 20, 19 32.

and that death occurred, on the date stated above, at 2.40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Omentum and Mitral Stenosis .

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) Albert G Singmaster, M. D.

5/20, 19 32 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: May 20, 32

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Aliceanna

Registrar

Director

E 79896

79896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Louise Ave St. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Kirchenstein

(a) Residence: No. 2921 Louise Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

6. If married, widowed, or divorced (or) WIFE of August J. Kirchenstein

DATE OF BIRTH (month, day, year) June 30 - 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Eliza E. Clarke Gaither

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Louisa Bridges

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT August Kirchenstein

(Address) 2921 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 23 19 32

19. UNDERTAKER Leonard J. Rusk

(Address) 505 Hartford Rd

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 19 31, to May 20 19 32

last saw h alive on May 20 19 32 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure (Myocardial Insufficiency)	
Other contributory causes of importance: Bronchial Asthma + Pulmonary Emphysema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clarence Surgeon, M. D.

(Address) 4704 Harford Rd.

AACo. 5-31 250B

79897 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79897

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5603 Winthrop St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. If of foreign birth 41 yrs. mos. ds.

2. FULL NAME Antone Humberg

(a) Residence: No. 5603 Winthrop St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louise Humberg

DATE OF BIRTH (month, day, year) March 17-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Q.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Philip Humberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Louise Humberg
(Address) 5603 Winthrop St.

18. BURIAL, CREMATION, OR REMOVAL
Place Gen. Cathedral Date May 23 1932

19. UNDERTAKER Leonard J. Roche
(Address) 2305 Harford Rd.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17 dc, 1932, to May 21, 1932

I last saw him alive on May 21 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Coronal Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Chas. Burrows, M. D.

(Address) Harford Rd.

No. 79898 ✓ E 79898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 La Salle St 26-43 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Grassy

(a) Residence: No. 4309 La Salle St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 22-1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Grassy

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Mueller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ed. Grassy
(Address) 4309 La Salle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood C. Date May 23 1932

19. UNDERTAKER Leonard Bowdry
(Address) 2305 Harford Rd

20. FILED ... 19... [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to May 20 1932

I last saw him alive on May 19 1932 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days
Other contributory causes of importance:	
Myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Benj. D. Hamilton M. D.
(Address) 1716 N. Caroline St.

D. B. 1265-9

9899

E 79899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N. Fulton Ave) (16-22) Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard O. Fory

(a) Residence: No. 922 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, HUSBAND of Minnette M. Fory

DATE OF BIRTH (month, day, year) Jan 5th 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auditor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Benjamin M. Fory

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Martha H. Holt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Herbert F. Fory

(Address) 1115 Munsey Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 23rd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed MAY 22 1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Suicide — Potassium Cyanide — Sudden

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Injury 19

Where did injury occur? 922 N. Fulton

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F B Lynch Coroner M. D.

(Address)

E 79900

H. D. B. 1268-9

E 79900 HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Collmus

(a) Residence: No. 929 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Estelle Collmus

6. DATE OF BIRTH (month, day, year) March 10th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate Co Hosiery

10. Date deceased last worked at this occupation (month and year) Oct 1931

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Solomon Collmus

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Susan McGrain

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Estelle Collmus

(Address) 929 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 24th 1932

19. UNDERTAKER Wm Cook

(Address) 1212 St Paul St

Huntington Williams N.D.

Registrar.

20. FILED MAY 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to May 20, 1932

I last saw him alive on May 20, 1932. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset

Other contributory causes of importance:

Carcinoma of Bladder

Name of operation None Date of —

What test confirmed diagnosis? Cystoscopic exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Gorman M. D.

(Address) Sinai Hospital

D. B. 1265-0

79901

✓ E 79901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3006 Keswick Road (13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine L. Brown

(a) Residence: No. 3006 Keswick Road St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan. 20-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spooler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Pern. Woodbury Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Martinsburg, W. Va.

13. NAME Anthony Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Catherine Hartman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edward A. Armiger

(Address) 3006 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 24- 1932

19. UNDERTAKER Horace E. Burgee

(Address) 3631 Falls Road

20. FILED 5-24-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21- 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7 1932 to May 21 1932

I last saw her alive on May 20 1932 Death is said to have occurred on the date stated above, at 6:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5/9/32

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) 4040 W. 36 Balto

E 79902

N. D. B. 1932

E 79902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W. 34 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Kuefer

(a) Residence: No. Woodbine Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur Kuefer.

6. DATE OF BIRTH (month, day, year) 1879-11-18

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3 1

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sloans, Carroll Co. Maryland.

MOTHER FATHER

13. NAME Lewis A. Koontz.

14. BIRTHPLACE (city or town) (State or country) Sloans Carroll Co. Maryland.

15. MAIDEN NAME Mary Shriner.

16. BIRTHPLACE (city or town) (State or country) Westminster, Carroll Co. Maryland.

17. INFORMANT Arthur D. Kuefer.
(Address) Woodbine, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oregon-County Date May 25, 1932

19. UNDERTAKER C. M. Bratt,
(Address) Westfield, Md.

20. FILED 5/25/32 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 22, 1932.

I last saw her alive on May 22, 1932. Death is said to have occurred on the date stated above, at 6:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular failure	5-22-32
Other contributory causes of importance:	
Acute cholecystitis	5-18-32
Cholelithiasis	?

Name of operation Cholecystotomy Date of 5-19-32

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) George H. Yeager M. D.

5/24/32 (Address) University Hospital

E 79903

E 79903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 121 N. Carrollton ave ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula Ford

(a) RESIDENCE No. 121 N. Carrollton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Married

3 If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Daniel Ford

DATE OF BIRTH (month, day, and year) May 17 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	—	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife. ~~Housework~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (City or town) Winsboro S.C.
(State or country)

PARENTS

10 NAME OF FATHER Preston Wakes

11 BIRTHPLACE OF FATHER (city or town) Winsboro, S.C.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Davis

13 BIRTHPLACE OF MOTHER (city or town) Winsboro, S.C.
(State or country)

14 Informant Daniel Ford
(Address) 121 N. Carrollton ave

15 Filed May 27, 1932 Huntington Williams, M.D. Registrar

22 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 32

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to May 20, 1932

that I last saw h~~e~~r alive on May 20, 1932

and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis ~~&~~ Toxemia
Possible Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Hypostatic Congestion
(Secondary)
Pneumonia (duration) — yrs. — mos. 2 ds.

Where was disease contracted if not at place of death? 1421 Linden Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Elmer Field Boyle, M. D.

May 27 1932 (Address) 1025 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winnsboro, S.C.

DATE OF BURIAL May 22, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 2211 Edgewood St.

79904

HEALTH DEPARTMENT—CITY OF BALTIMORE

79904

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital (Ward) 26
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence Demarco Sr.

(a) Residence: No. 701 N. Lindhurst St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6a. If married, widowed or divorced) HUSBAND of (or) WIFE of Rose Demarco

6. DATE OF BIRTH (month, day, year) Feby 4 1890

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER
13. NAME Salvadre Domarco
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Marie Devaro
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Demarco
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mont Carmel Date May 23 1932

19. UNDERTAKER Geo M Zenk Son
(Address) 611 N Howard St

Filed MAY 24 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/32 19

22. I HEREBY CERTIFY, That I attended deceased from 5/15/32 19 to 5/20/32 19
I last saw him alive on 5/20/32 19 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:
Ca of Colon — Date of onset 5/10/32

Other contributory causes of importance:
Paralytic illeus

Name of operation Resection of Date of 5/16/32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. W. Hornbaker M. D.
(Address) Univ. Hosp.

AaCo. 5-31 250B

79905 John J Coolahan ✓ E 79905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-249 Ward)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Father J. F. Coolahan

(a) Residence: No. 16 East Second St. St. Frederick, Md Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 10th, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
56	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Malachy Coolahan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Russell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hoyt Pond
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Federal Hill Date Feb. 1932

19. UNDERTAKER Tyson & Schaeffer
(Address) Taylor & Forsythe

Hagerstown, Md

FEB 22 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-7-, 1931, to 5-21-, 1932

I last saw him alive on 5-21-, 1932 death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

~~Hypostatic Pneumonia~~ Tuberculosis of Transverse Myelitis of Spinal Cord.

Date of onset

Other contributory causes of importance:

Malnutrition

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Fearnow, M. D.

(Address) Union Memorial Hosp

E 79906

79906 50L

210-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp ST. 20-21 WARD)

2-FULL NAME Norman D. Taylor

(a) RESIDENCE NO 418 Lynhurst St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza E. Taylor

6 DATE OF BIRTH (month, day, and year) October 14, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	6	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer State Tobacco Warehouse

9 BIRTHPLACE (city or town) (State or country) Prince George County Maryland

10 NAME OF FATHER R. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Eliza Taylor

(Address) 418 Lynhurst Ave.

Filed 5-22 1932 Huntington H. Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of skull 5/19/32 (duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary) Struck by automobile (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Edmondson & Normandy Ave

Did an operation precede death? no Date of ---

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph P. Kenny Coroner, M. D.

5/20. 1932 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

20 UNDERTAKER Robert H. Cook

DATE OF BURIAL May 23 1932

ADDRESS 1003 West Baltimore St.

M. D. B. 1268-9

79907 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79907

CERTIFICATE OF DEATH

131

Registered No. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Bentalou St., 16-68 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vela V. Matthews

(a) Residence: No. 807 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joshua Matthews

6. DATE OF BIRTH (month, day, year) July 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

FATHER

13. NAME Frederick S. Daugherty

14. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

MOTHER

15. MAIDEN NAME Cora Horsey

16. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

17. INFORMANT Mrs. Cora Daugherty

(Address) 807 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date May 23, 1932

19. UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

20. FILED MAY 23 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1931 to May 19, 1932

I last saw her alive on May 19, 1932 Death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows:

Cardio Nephritis (chronic) — Date of onset

Other contributory causes of importance:

Pulmonary edema

Name of operation — Date of

What test confirmed diagnosis? Physical Exs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Love, M. D.

(Address) 2211 Eutaw Place

M. D. B. 1268-9

79908

E 79908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital St. No. 22 Ward

CITY OF BALTIMORE: (No.) ... Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adolph H. Fischer

(a) Residence: No. 1806 W Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/23/1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Anna Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Franke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Cem Date May 24 1932

19. UNDERTAKER Joseph B Cook & Sons (Address) 1003 W. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 1932 to May 21 1932

I last saw him alive on May 21 1932 Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Tract Infection (Coli)	
Benign Prostatic Hypertrophy	
Vesical (Urinary) Diverticulum	
Vesical (Urinary) Tumor (Infiltrating) (Carcinoma)	
Acute Pyelonephritis.	about

Other contributory causes of importance:
Uraemia

Name of operation: Vesical Diverticulectomy, Perineal Prostatectomy Date of 5/21/32 5/6/32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh Young M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

79909 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79909

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Boarman Ave St.) Ward 43

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Wilkens

(a) Residence: No. 4104 Boarman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie D. Wilkens

6b. DATE OF BIRTH (month, day, year) Jan. 8 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	72	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Bonded Wires

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

13. NAME OF FATHER Edward Wilkens

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME OF MOTHER Frances D. Merritt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Edward Wilkens

(Address) 4104 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown Md Date May 23 1932

19. UNDERTAKER Wm. Pickrell Sons

(Address) Druid Hill & Penna Ave.

20. FILED MAY 23 1932 Thurlington Home Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932 to May 20, 1932

I last saw him alive on May 20, 1932 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocardiitis	May 20/32

Other contributory causes of importance:

arteriosclerosis	?

Name of operation — Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter D. Rebalt M. D.

(Address) 2220 Harrison

H. D. H. 1268-9

79910 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79910

CERTIFICATE OF DEATH

93-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1313 Poplar Grove 16-68 (Ward)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo W. Brooks

(a) Residence: No. 1313 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write which) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nina K. Brooks

6. DATE OF BIRTH (month, day, year) Dec 15 1861

7. AGE Years 70 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dunwich Va.

FATHER
13. NAME Chas Brooks
14. BIRTHPLACE (city or town) (State or country) Va. Dinwiddie

MOTHER
15. MAIDEN NAME Frances R. Davis
16. BIRTHPLACE (city or town) (State or country) Va. Brooks

17. INFORMANT Mrs. Brooks
(Address) 1313 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. May 22 1932

19. UNDERTAKER William J. Tickner & Son
(Address) Gay & Eutaw Sts. Huntington Avenue, Md.

20. FILED ..... 19 ..... Registrar.

231932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Funk Coroner M. D.
(Address) ..... Coroner

M. D. B. 1268-9

E 79911

E 79911

260356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-17 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Rosso

(a) Residence: No. 1924 E Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/21/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME J Rosso

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Edna Slaughter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Vincents Cemetery Date May 23rd 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED 23 1932 Harrington Williams Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27 1932 to May 21 1932

I last saw h Zive alive on May 21 1932 Death is said to have occurred on the date stated above, at 830 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	5/14/32
Bronchopneumonia	4/22/32

Other contributory causes of importance:

Acute otitis media + pharyngitis	
Suppurative arthritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John P. Washington, M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 2508

E 79912

79912 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH West Baltimore General Hospital St., 9 46 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Levy

(a) Residence: No. 2705 Greenmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris H. Levy

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis H. Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bettle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Caplan (Address) 1701 N. Athelton St.

18. BURIAL, CREMATION, OR REMOVAL. Place Sherwood Mem. Date 5-23, 1932

19. UNDERTAKER Black Bros. Inc. (Address) 1029 E. Baltimore St.

20. FILED 5-23 1932 H. Hamilton Riley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 22, 1932

I last saw h.. alive on May 22, 1932 death is said to have occurred on the date stated above, at 11 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown
Metastases to Liver	Unknown
Diabetes Mellitus	Unknown

Other contributory causes of importance:

Arteriosclerosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

79913 E 79913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals 9-46 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thorton Page

(a) Residence: No. 2652 Boone St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	78	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date May 23, 1932

19. UNDERTAKER Mrs. Pete Williams
(Address) 322 N. Schroeder St.

20. FILED May 24 1932 Pete Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1928 to May 19, 1932

I last saw him alive on May 19, 1932 death is said to have occurred on the date stated above, at 7:30? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-renal disease	?

Other contributory causes of importance:

Bronchopneumonia	5-13-32

Name of operation None Date of

What test confirmed diagnosis? CP Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Luther E. Luller M. D.

(Address) Balto City Hospitals

M. D. B. 1935

79914

E 79914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N Patterson Pk Ave St., 6th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Smith

(a) Residence: No. 422 N Patterson Pk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21. 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Maryland

FATHER

13. NAME Milton Smith

14. BIRTHPLACE (city or town) Balto (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth B. Coons

16. BIRTHPLACE (city or town) Balto (State or country) Maryland

17. INFORMANT Ruth Smith (Address) 422 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL Place W.P. Cemetery Date May 23 1932

19. UNDERTAKER Mrs. E. Miller & Son (Address) 2334 Jefferson Ave

20. FILED ... Registrar. By ... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21 1932 to May 22 1932

I last saw h[illegible] alive on May 22 1932. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage following Iron Lung therapy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William Daniel M. D.

(Address) 500 N Kenwood Ave

Spec.—2-29-28—L. F. S.—500 Bks.

79915

E 79915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79915

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1635 Thomas Ave. ST., 16-68 WARD)

2—FULL NAME Mildred Helen McDaniel

(a) RESIDENCE NO. 1635 Thomas Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) May 20, 1932

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Walter D. McDaniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Lilda M. Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Walter McDaniel
(Address) 1635 Thomas Ave

15 Filed 6/23/1932 Huntingtown Williamsport Md
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1932

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Failure in closure of foramen ovale "Blue Baby"

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/23, 1932 (Address) 2020 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL May 23, 1932

20 UNDERTAKER Edmondson & Son — ADDRESS 3615 Eastern Ave

M. D. B. 1268-9

79916

E 79916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Hilkens + Caton Ave Ward) 20-10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Glick

(a) Residence: No. 3117 Strickland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Glick

6. DATE OF BIRTH (month, day, year) Oct. 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Germany

FATHER

13. NAME Laurua Glick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis H. Brent

(Address) 3117 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 24-3 19

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

Huntingdon Pennsylvania

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1931, to May 21st 1932

I last saw him alive on May 21st 1932. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Arterio Sclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Clin. Findings ... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Robert Glover M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

79917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 79917

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Hamburg St., 25-77 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hiram Smothers

(a) Residence: No. 2218 Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Smothers

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rebecca Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Margaret Coates

(Address) 2218 Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date May 23rd, 1932

19. UNDERTAKER Thomas E. Hall

(Address) Hon Camden Line

20. FILED May 23 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1932 to May 21st, 1932

I last saw him alive on May 20, 1932 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-17-32
Other contributory causes of importance:	
Arteriosclerosis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Agnew Jr. M. D.

(Address) 352 W. Biddle St.

79918

E 79918

2404

95-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 E. Baltimore St. 3-5 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Manachem N. Weisblatt

(a) Residence: No. 1143 E Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Synagogue

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Weisblatt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Annie Weisblatt

(Address) 1143 E Balto st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Rd Date May 23, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1932 to May - 22 - 1932

I last saw h[illegible] alive on May - 22 - 1932. Death is said to have occurred on the date stated above, at 4.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5/22/32
Hypertensive cardio renal disease	Jan 1930

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

79919

E 79919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 23

CITY OF BALTIMORE: (No. Balto., MD 7411 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 3 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel A. Moore

(a) Residence: No. 3802 Woodlea Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Elvena Moore

6. DATE OF BIRTH (month, day, year) Feb 17 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	59	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Moore

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Bryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Balto City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date May 23 1932

19. UNDERTAKER J. A. Bryans

(Address) 3000 E. Baltimore St.

20. FILED May 23 1932 Huntington Williams, N.D.

Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26 1932 to May 20 1932

I last saw him alive on May 20 1932 Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	5/20/32
	mos
Other contributory causes of importance:	
Fibrinous pleurites	5/11/32
arteriosclerosis (generalized)	? 1931
old right sided hemiplegia	March 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1928 and in 1929 - gassing acetic acid

Manner of injury explosion of still - whole house

Nature of injury Scalp wound, Rt side + pulmonary fibrosis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Goodman M. D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79920

CERTIFICATE OF DEATH.

E 79920

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 S. Smallwood St. (Ward) 19-64

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Manns

(a) RESIDENCE NO. 300 S. Smallwood St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm J Manns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie Wall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Howard Manns 300 S Smallwood St

Filed MAY 23 1932 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1932

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to May 22, 1932, that I last saw him alive on May 21, 1932, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 3 hrs ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(duration) yrs. 12 mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M A O'Neill, M. D.

5/22, 1932 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: May 25th 1932

20 UNDERTAKER: Charles W. Dill.

ADDRESS 3109 Fred'k Ave.

Spec.—9-30—A & Co.—250 Blks

E 79921

79921

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV54-004

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No ..... ST. 6-9 WARD)

2 FULL NAME Frank Henry

(a) RESIDENCE NO. 5930 N. Point Road ST. ..... WARD Lemon Pt. Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	(c) White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E Henry

6 DATE OF BIRTH (month, day, and year) June 16, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Deceased
(Address)

15 [illegible] MAY 27 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24-1932

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1932 to May 21, 1932 that I last saw h[illegible] alive on May 21, 1932 and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain

(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of May 21

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Allyn B. Choate M. D.

19 (Address) Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL May 24 1932

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79922

CERTIFICATE OF DEATH

REGISTERED NO. 79922

1—PLACE OF DEATH Maryland Gen. Hospital ST., 11-24 WARD)
CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME June Marie Delamater

(a) RESIDENCE NO. Essex, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 2, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Delamater
11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.
12 MAIDEN NAME OF MOTHER Henrietta Metzger
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Hospital Records
(Address)

15 Registered MAY 23 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th, 1932

17 I HEREBY CERTIFY, That I attended deceased from 5-2, 1932, to 5-20, 1932, that I last saw h alive on 5-19, 1932 and that death occurred, on the date stated above, at 9 05 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 18 days

CONTRIBUTORY (Secondary) Emphysema & Myocardial Failure (duration) yrs. mos. 14 days approx.

18 Where was disease contracted if not at place of death? Residence
Did an operation precede death? No Date of 5-4-32
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Autopsy

(Signed) Robert J. Crowell M. D.
(Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL May 23 1932
20 UNDERTAKER John S. Connelly ADDRESS Essex

M. D. H. 1268-9

E 79923 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 79923

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Belvieu Ave., St., 15-63 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma R. Smith

(a) Residence: No. 4004 Belvieu Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Peters Smith

6. DATE OF BIRTH (month, day, year) May 30, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benjamin Russell

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Nancy Parker

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT (Address) Emma P. Smith 1 W. 64th St., New York City

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemty Date May 23, 1932

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

MAY 23 1932 By ..... Registrar.
FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1932 to 5-21, 1932

I last saw h[illegible] alive on 5-20, 1932 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	—
HYPERTENSION	—
CEREBRAL HEMORRHAGE	5-14-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John L. Storey, M. D.
Director
(Address) 1129 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 79924

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 W. Fayette St., 16th Ward)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victor M. Chrystal

(a) Residence: No. 827 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Barbara M. Crystal

6. DATE OF BIRTH (month, day, year) Dec 23rd 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lotal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Louis Chrystal

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Anna V. Clark

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Barbara M. Chrystal
(Address) # 827 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 5/24/ 1932

19. UNDERTAKER John J. Coward & Son
(Address) 901 Baltimore

20. DATE 5/23/1932 H. Tipton Jarrett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/16/ 1932 to 5/21/ 1932

I last saw h... alive on 5/21/ 1932. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cl. Int. Nephr.	1
Other contributory causes of importance:	
Uremia	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard Levy, M. D.

(Address) 710 W. Lombard

M. D. B. 1268-9

E 79925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1903 157 E 79925

Registered No. 26327

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6729 Youngstown ave St. 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Michalski

(a) Residence: No. 6729 Youngstown ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 30th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Michalski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen Binkowski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Joseph Michalski
(Address) 6729 Youngstown ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date 5-27 1932

19. UNDERTAKER George A. Weber
(Address) 3238 Erin street

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/11/32 19... to 5/24/32 19...

I last saw him alive on 5/24/32 19... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of heart.

Date of onset Unknown

Other contributory causes of importance:

Acute dilatation of heart
Cardiac Insufficiency

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Daniel F. Quinlan, M. D.

(Address) 3165 Fait Ave

Director

M. D. B. 1268-0

79926 HEALTH DEPARTMENT—CITY OF BALTIMORE 79926

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 E Chase St. 8-13 Ward)

Length of residence in city or town where death occurred 82 yrs. .... mos. 11 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Anna Margaret Kimmett

(a) Residence: No. 1736 E Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustavus A Kimmett

6. DATE OF BIRTH (month, day, year) May 6th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
82	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Jacob Stober

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Gelsman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William J Kimmett
(Address) 611 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 24 1932

19. UNDERTAKER Charles P Towers
(Address) 3534 Edmondson Ave.

20. FILED May 23 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 — 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to May 21 1932

I last saw her alive on May 21 1932 Death is said to have occurred on the date stated above, at 6:50 p m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Cellulitis arm (rt.)

Date of onset

Name of operation Incision & Drainage Date of 5/18/32

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of Injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) J W Feurey M. D.

(Address) 1612 N Broadway

M. D. R. 1268-a

79927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79927

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

CITY OF BALTIMORE: (No. ..... St. 17-24 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Liza Powell

(a) Residence: No. 546 Oxford st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 3, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Centerville Maryland

FATHER

13. NAME Charles Trusty

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Kate Ringgold

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Queenstown Date 5-23 1932

19. UNDERTAKER Dant & Eccles

(Address) 246 Fa Ave

20. FILED MAY 23 1932 Huntingtown, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 1932 to May 22 1932

I last saw her alive on May 22 1932 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 mos.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence H. Sena, M. D.

(Address) .....

M. D. R. 1268-9

79928

E 79928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore St. 16-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Pressler

(a) Residence: No. 1130 Pratt St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Herman B. Pressler

6. DATE OF BIRTH (month, day, year) Nov 9th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~70~~	77	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otto Pressler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Balto City Hospitals
(Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/25 1932

19. UNDERTAKER
(Address) 1217 E. Fayette St

MAY 25 1932 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7-1932 to 5-22-1932

I last saw h.. alive on 5-22-1932 Death is said to have occurred on the date stated above, at 1:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease acute exacerbation	4th mon
Other contributory causes of importance: Coronary Thrombosis	5-22-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-22-1932 (Signed) Elmer Highberger M. D.

(Address) Baltimore City Hospitals

79929

E 79929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Balto. Md, St. 16-23 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Sullivan

(a) Residence: No. 1239 W Lafayette St St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
✓	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lizzie ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 27, 1932

19. UNDERTAKER Jas. H. Shuler
(Address) Howard & Madison

20. FILED ____, 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1932 to 5-20, 1932
I last saw him alive on 5-20, 1932 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	2 years ago

Other contributory causes of importance:

Bronchopneumonia	5 days ago

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) Henry H. Kerr M. D.
(Address) Balto. City Hospitals

E 79930

AACo. 5-31 250B

79930

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hosp 10-15 St., ... Ward.

CITY OF BALTIMORE: (No.) ..... (If not in city or town) .....

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Julia Fitzgerald

(a) Residence: No. 1015 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Edward Fitzgerald

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 75 yrs	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Flaherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Driscoll
(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date May 24, 1932

19. UNDERTAKER James W. Gorsuch
(Address) 1 E Lafayette

FILED ..... 10 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 21, 1932.

Last saw her alive on May 21, 1932 death is said to have occurred on the date stated above, at 5 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic cardio-vascular disease with decompensation	?
Other contributory causes of importance: Bronchial Pneumonia	2 ds.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Faulkner M. D.

(Address) 1 E Lafayette

AACo. 5-31 250B

79931 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79931

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 W. Baltimore St. 20-69 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. L. Harig

(a) Residence: No. 2440 W. Baltimore St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widdowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Harig

6. DATE OF BIRTH (month, day, year) July 15, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 68	69	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nichols Bosley Talbott
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Phillips
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Florence T. Busick
(Address) 2440 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date 5/24, 193
Filed 5/24 1932

19. UNDERTAKER J. H. Cook
(Address) 1003 W. Baltimore St.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1930 to May 21, 1932
I last saw her alive on May 19, 1932 death is said to have occurred on the date stated above, at 10.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteria - Sclerosis	3 yrs
Diabetes Mellitus	10 yrs.
Gangrene of leg	2 weeks
Other contributory causes of importance: Apoplexy & Hemiplegia	1 week.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. J. Shaw M. D.
(Address) 516 Cathedral St.

M. D. B. 1269-0

79932 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79932

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 49 yrs. ... mos. ... ds.

2. FULL NAME Jan (John) C. Kocyan

(a) Residence: No. 2827 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) May 19 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2 Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Henry Kocyan

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 24 1932

19. UNDERTAKER Rev. Rev. J. Fialkowski
(Address) 000 E. Kenwood Ave

20. FILED [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/9 1932 to 5/21 1932

I last saw h[illegible] alive on 5/21 1932 Death is said to have occurred on the date stated above, at 8:58 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal hernia	[illegible] hours
Bronchopneumonia	7 days
Arteriosclerosis C.V. disease	2 "

Name of operation Herniaplasty Date of 5/9/32

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Gordon M. D.

(Address) Mercy Hospital

M. D. H. 1268-9

79933 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79933

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Patterson Park Ave. Ward) 7-12

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME HANS JACOB OLSEN

(a) Residence: No. 805 N. Milton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Maria Olsen

6. DATE OF BIRTH (month, day, year) July 24. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goverment Service,

10. Date deceased last worked at this occupation (month and year) 11 years ago.

11. Total time (years) spent in this occupation (31)

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Ole Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Bertha M. Olsen (Wife)
(Address) 805 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
First Evangelical Cem. Date May 23 1932
Place

19. UNDERTAKER Henry Sander & Sons, Inc. H. Sander
(Address) Baltimore St. & Broadway.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1920 19... to May 20, 1932 19...

I last saw him alive on May 20, 1932 19... Death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1920
Myocardial Degeneration	1924

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Johan L. Faulen M. D.

(Address) 3522 Greenmount Ave.

BRANCH

5-31 250B

534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2400 Liberty Heights Ave (Ward) 15-58

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace W. Geisey

(a) Residence: No. 2400 Liberty Heights Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin K. Geisey

6. DATE OF BIRTH (month, day, year) Sept. 24-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lewistown, Md.

FATHER

13. NAME Jacob P. Weller

14. BIRTHPLACE (city or town) (State or country) Lewistown, Md

MOTHER

15. MAIDEN NAME Johanna Webb

16. BIRTHPLACE (city or town) (State or country) Lisbon, Md

17. INFORMANT Daughter
(Address) 756 W. Fayette st.

18. BURIAL, CREMATION, OR REMOVAL
Place Utica md Date 5/25, 1932

19. UNDERTAKER W. F. Shuff
(Address) Emmitsburg Md

20. FILED MAY 23 1932 Huntingtown Md Calvert, Md
Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-, 1932

22. I HEREBY CERTIFY, That I attended deceased from October, 1927 to 5-23-, 1932
I last saw her alive on 5-22, 1932 death is said to have occurred on the date stated above, at 2.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	October 1927
(Uremia)	5-17-32
Other contributory causes of importance: Arteriosclerosis	July 1929

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Charles Testa, M.
(Address) 756 W. Fayette st.

M. D. B. 1268-9

E 79935 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79935

CERTIFICATE OF DEATH

2741 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 E. Monument St St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H Leimkuhler

(a) Residence: No. 3116 Weaver Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen P.

6. DATE OF BIRTH (month, day, year) Nov 20/ 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John M. Leimkuhler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Knapp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Mathais Leimkuhler
(Address) 3501 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date May 25 1932

19. UNDERTAKER C. E. Speir
(Address) 2156 N. Ingram

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(History of Myocarditis)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Pue Coroner, M. D.

(Address) 108 E Monument

M. D. B. 1265-0

79936 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79936

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 S. Wolfe St., 2nd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frances A. Bach

(a) Residence: No. 207 S Wolfe St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Girard G. Bach.

6. DATE OF BIRTH (month, day, year) Aug. 23rd 1915

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adam Slawski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ida Novack.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Girard G. Bach.
(Address) 207 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date May 27, 1932

19. UNDERTAKER Lilly-Zeller Funeral Home
(Address) 1300 Wolfe St

20. FILED May 28 1932 Hunting [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931 to May 21, 1932

That I saw her alive on May 21, 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

(a) Laryngeal Tuberculosis — Date of onset: First seen by me on 7-7-31

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. J. Heller, M. D.

(Address) 1937 Gough St

M. D. B. 1268-9

79937

E 79937.

HEALTH DEPARTMENT—CITY OF BALTIMORE

258075

CERTIFICATE OF DEATH

+ 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Lusby

(a) Residence: No. Lusby Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	2	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 5yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Oscar Lusby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virgie Fowler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Chapel. Date 5/23/32. 19

19. UNDERTAKER A. Howard Evans

(Address) 35 E Fred Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932 to May 22, 1932

I last saw him alive on May 22, 1932 Death is said to have occurred on the date stated above, at 905 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	5/21/32
Pneumococcus Septicemia	5/18/32
Other contributory causes of importance:	
Bronchopneumonia (Chronic - due to Pneumococcus Type IV)	2/6/32

Name of operation Date of

What test confirmed diagnosis? Blood & spinal fluid cultures Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Anderson M. D.

(Address) Johns Hopkins Hosp.

AdCo. 5-31 250B

7993½ **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79938

CERTIFICATE OF DEATH

147

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. 27-47 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie B. Johnson

(a) Residence: No. 1111 Arlington Ave. Govan Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Johnson

6. DATE OF BIRTH (month, day, year) June 2, 1900

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	31	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME John Artis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eleanor Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Johnson
(Address) 1111 Arlington Ave

18. BURIAL, CREMATION OR REMOVAL Wakefield, Va. Date May 4 1932

19. UNDERTAKER Thomas E. Kelly
(Address) 1302 Pennsylvania Ave Huntingdon Pittsville, Md.

20. FILED ... 19... Registrar

MAY 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1932 to 5-22, 1932

I last saw her alive on 5-22 1932 death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Vomiting of Pregnancy	
Other contributory causes of importance:	

Name of operation Uterine Hysterectomy Date of 5/21/32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) W. H. Butler, M. D.
(Address) 425 N. Caroline Street

M. D. B. 1268-9

79939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26 E 79939

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aggie (Algie) Bell

(a) Residence: No. 519 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Bell

6. DATE OF BIRTH (month, day, year) May 14, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Franklin Bell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Addie Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Alberta Va Date May 24, 1932

19. UNDERTAKER Chas F. Apel
(Address) 5144 Pakdale St. Hamilton Park Annex, Md.

20. FILED 23 1932 Registrar.

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to May 21, 1932
I last saw him alive on May 21, 1932 Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of spine	Unknown
Other contributory causes of importance:	
Scrofuloderma of neck	5 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence M. Sena M. D.
(Address) Baltimore City Hospitals

AACo. 5-31 2508

79940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79940

CERTIFICATE OF DEATH

107-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital — St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Clark.

(a) Residence: No. Sinai Hospital St., ... Ward. 3315 Towne Ave
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20/1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John W Clarke

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sophia Jakubczyk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sinai Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date May 23 1932

19. UNDERTAKER Edgar A Weber
(Address) 301 E Fayette St

20. FILED ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to May 21, 1932

I last saw her alive on May 21, 1932 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Broncho	5/21/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

79941 79941 X 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Le Union Memorial St. 12 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds

2. FULL NAME Mr. Walter J. Roe

(a) Residence: No. 6 Cedar Wood Rd. Ward. Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Swan Jump Roe

6. DATE OF BIRTH (month, day, year) Dec. 13, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Maryland

MOTHER FATHER

13. NAME William Roe

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Swan Jump

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Walter J. Roe Jr.
(Address) 6 Cedarwood Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 24 1932

19. UNDERTAKER W. Maurice Kaufman
(Address) 1738 N. North Ave.

20. FILED MAY 28 1932 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to May 21, 1932

I last saw him alive on May 21, 1932 death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	May 5?
Other contributory causes of importance: Chronic Myocarditis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mortimer Jr. M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79942

CERTIFICATE OF DEATH

82-E 79942

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore city Hospitals

CITY OF BALTIMORE: (No. ..... St. 18-26 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Caldwell

(a) Residence: No. 858 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Alonzo Caldwell

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Mary Dunning

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 23, 1932

19. UNDERTAKER
(Address)

20. FILED May 23 1932, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to May 22, 1932

I last saw him alive on May 22, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Centrum	May 22 1932
Other contributory causes of importance: Bronchopneumonia	May 21 1932

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Gunnold Jr. M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79943 E 79943

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 8-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Webster

(a) Residence: No. 1306 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23 — 1:45 AM, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Mr. Thomas Webster

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

MOTHER

15. MAIDEN NAME Miss Eileen Bruno

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date May 23, 19 32

19. UNDERTAKER
(Address)

20. FILED 5-31-1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932 to May 23, 1932
I last saw h in alive on May 23, 1932 death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset ...

Other contributory causes of importance:

Pulmonary Atelectasis

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Wesley Edel M. D.
(Address) St. Joseph's Hospital

M. D. B. 1268-9

79944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 79944

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Lemmont St. St., 8-45 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T McHaney (McHANEY)

1a) Residence: No. 2401 Kentucky Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. ~~If married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Spangler

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE — Years 70 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos McHaney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jos McHaney

(Address) 2401 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 24 1932

19. UNDERTAKER Jno. J. Gallagher's Sons

(Address) 3711 Eastern Ave

20. FILED May 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8 1932, to May 21 1932.

I last saw him alive on May 20 1932. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate & Metastasis

Date of onset .....

Other contributory causes of importance: Chr Myocarditis

Name of operation Exploratory - abdominal Date of 5-18-32

What test confirmed diagnosis? Path. Report Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. Sponagle, M. D.

(Address) Sinai Hospital.

M. D. B. 1268-9

79945

HEALTH DEPARTMENT—CITY OF BALTIMORE

79945 E 79945

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Battery Avenue Ward) 24-33 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Norris.

(a) Residence: No. 1417 Battery Avenue Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Ella Hughes

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 77 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Virginia Bd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John A. Norris

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ann Magdalene Kugle

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Edward Norris
(Address) 1417 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Catholic Date 5 25 1932

19. UNDERTAKER: Edward Norris
(Address) 107 E. Eager St.

21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1931. to May 21, 1932.

I last saw him alive on May 21, 1932. Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8.1931.
Nephritus Curemia	4.18.32.
Myocanditus . not known	
Other contributory causes of importance:	
Lobular Pneumonia	5.1932

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris. M. D.

5.21.32 (Address) 107 East west street.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 250B

E 79946 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79946

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 13-52 Ward)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Stiffler

(a) Residence: No. 707 Crisp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/1/30

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	19		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ellwood Stiffler
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Wanda Baker
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Ellwood Stiffler
(Address) 707 Crisp St.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Cemetery Date May 24 19 32

19. UNDERTAKER Rheinowerth & Lord
(Address) 2615 Eastern Ave

20. FILED 5/23/1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/32 19

22. I HEREBY CERTIFY, That I attended deceased from 5/19/32, 19, to 5/23/32, 19

I last saw h.. alive on 5/23/32, 19 death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	5/17/32
Other contributory causes of importance:	
Bronchial Pneumonia.	5/18/32
Emphysema	5/22/32

Name of operation Thoracotomy Date of 5/22/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79947 E 79947

CERTIFICATE OF DEATH

Registered No. 18.1

1. PLACE OF DEATH

CITY OF BALTIMORE: (Hospital, Institution, or Residence) Md Gen Hosp St. 27-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lee Youmkens

(a) Residence: No. 5512 Pimlico Rd Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. If Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W Youmkens.

6. DATE OF BIRTH (month, day, year) Aug 25 1890

7. AGE: Years 41 | Months 8 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tire Business

10. Date deceased last worked at this occupation (month and year) 86

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas R Youmkens

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Knight

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary W. Knight

(Address) 5512 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cemetery Date May 24, 1932

19. UNDERTAKER Edmondson

(Address) 3410 Chestnut Ave.

20. FILED 23 1932 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accident 2nd degree burn of body 18 hours

Date of onset

Other contributory causes of importance:

Clothes caught fire Volcanizing tires

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury May 20, 32

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H C Luck M. D.

Coroner

(Address) ...

Spec.—9-30—A & Co.—250 Bks.

79948 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79948

CERTIFICATE OF DEATH.

34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Westfield Av ST. 27-43 WARD.)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward R. Keefer

(a) RESIDENCE NO. 2818 Westfield Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Me	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Bessie C Keefer

6 DATE OF BIRTH (month, day, and year) April 19-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer) Md Penna R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Union Bridge Maryland

PARENTS

10 NAME OF FATHER George C Keefer

11 BIRTHPLACE OF FATHER (city or town) Carroll Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillie Keefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Annie Lewis
(Address) 2818 Westfield ave

15 5-31-1932 Huntington Williams M.D. Registrar
P. C. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/32

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 21, 1932

that I last saw h alive on May 21, 1932

and that death occurred, on the date stated above, at 4.02 P m.

The CAUSE OF DEATH* was as follows:

Acute parenchymatous nephritis

(duration) yrs. 2-3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? usual

(Signed) Erwin F. Krayer M. D.

5/22 1932 (Address) The Eyland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL May 24 1932

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

AaCo. 5-31 250B

79949

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-603 E 79949

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Park Ave St., 11-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Joner

(a) Residence: No. 616 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Joner

6. DATE OF BIRTH (month, day, year): 1850

7. AGE: Years 82 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wm Moore

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Rose Reilly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Thos. F. Moore 1873 Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Date: May 24 1932

19. UNDERTAKER (Address): Margaret E. Gilmore 2107 N. Fulton Ave

20. FILED 2-3-1932 Huntington Williams, N.D. Registrar. H. C. H. Director

OCCUPATION IS very important. Be specific.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/21/1932

22. I HEREBY CERTIFY, That I attended deceased from 5/11/1932 to 5/21/1932

I last saw her alive on 5/21/1932 death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:-

	Date of onset
Myocardial Insufficiency	5/1/32
Other contributory causes of importance:	
Myocarditis	2 yrs
Arteriosclerosis	2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas E. Clute M. D.

(Address) 532 E. 22nd St

M. D. B. 1268-9

79980

HEALTH DEPARTMENT—CITY OF BALTIMORE

79950

CERTIFICATE OF DEATH

117-001

Registered No. 27-55

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Street) 27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Jackson

(a) Residence: No. 5803 Maple Ave (Usual place of abode) St. Pimlico Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Mabel L. Jackson

6. DATE OF BIRTH (month, day, year) April 28th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wills Dairy

10. Date deceased last worked this occupation (month and year) 5/19/32

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Fullerton Balto Co. Md.

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mabel L. Jackson

(Address) 5803 Maple Ave Pimlico

18. BURIAL, CREMATION, OR REMOVAL

Place Westerns Date May 25th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 2 3 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932 to May 23, 1932

I last saw h alive on May 23, 1932 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

Ruptured gastric ulcer — Date of onset

Other contributory causes of importance:

Bronchopneumonia

Cardiac failure

Name of operation Closure of perforated gastric ulcer Date of 5/17/32

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Goodman M. D.

(Address) Sinai Hospital

M. D. H. 1268-9

79951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 79951

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 619 Enson St 5-8 Ward)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Ellison
(a) Residence: No. 619 Enson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan B Ellison

6. DATE OF BIRTH (month, day, year): March 6th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Harness Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): Feb 1932
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: William T. Ellison
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Aaron R. Ellison
(Address) 909 East 30th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 5/26 1932

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED 5/26 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1932 to May 22 1932, last saw h[illegible] alive on May 20 1932. Death is said to have occurred on the date stated above, at 6[illegible] a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John O'Leary M. D.
(Address) 1603 N Y[illegible]

M. D. B. 1268-0

79952 260402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

001

E 79952
Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No.) St., 24-34 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hallie Friend

(a) Residence: No. 1639 Belt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred

6. DATE OF BIRTH (month, day, year): Feb-19-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: W W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: James Thompson
14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Texanna
16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT: Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Date: 5/24 19 32

19. UNDERTAKER: I. Frew McCully
(Address) 130 E. Fort Ave

20. FILED 19 Registrar.

231932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931 to May 21, 1932
I last saw her alive on May 21, 1932. Death is said to have occurred on the date stated above, at 6 02 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pernicious anemia	1922
Other contributory causes of importance:	
Pyonephritis	6 mos
Myocarditis	

Name of operation: Lab. Tests Date of:
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred Wilcox, M. D.
(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79953

CERTIFICATE OF DEATH

131 E 79953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Hukeland St. 16-68 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Schneider

(a) Residence: No. 917 Hukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
F.	White	widowed

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Ernest Rudolph Schneider

6. DATE OF BIRTH (month, day, year) Feb. 12-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3,	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Gleissner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Paul Frederick Schneider

(Address) 917 Hukeland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 25, 1932

19. UNDERTAKER George L. Lehnert

(Address) 2012 Frederick Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1931 to May 21, 1932

I last saw h[illegible] alive on May 21, 1932 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Mitral Stenosis	?
Senile asthenia	?
Other contributory causes of importance: Chronic Nephritis	?

Name of operation No Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Kelly Hennig M. D.

5/23/32 (Address) 7000 Harford Rd

OCCUPATION is very important. See instructions on back of this sheet.

M. D. R. 1268-9

E 79954

E 79954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp St., 1-30 (Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rodger Williams

(a) Residence: No. Ellicott City, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jul 28 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard (State or country) Maryland

FATHER

13. NAME Owen W. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily D. Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dorsey M. Williams
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Fremont Cem. Date May 26 1932

19. UNDERTAKER Easton Lowe
(Address) Ellicott City

Huntington West Virginia

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/19/32 . 19 . to 5/24/32 . 19 .

I last saw h[illegible] alive on 5/24/32 . 19 . Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

Ca of stomach

Date of onset

Other contributory causes of importance:

Secondary anemia

Pneumonia

Name of operation Gastro-enterostomy Date of 4/28/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis F. Olenga M. D.

(Address) University Hospital

OCCUPATION IS VERY important.

E 79955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79955

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23-21 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Handy

(a) Residence: No. 938 So. Sharpe St., Balto., Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Jones (deceased)

6. DATE OF BIRTH (month, day, year) August 13, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Seaman
10. Date deceased last worked at this occupation (month and year) 5-12-32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

MOTHER FATHER

13. NAME Ben Handy
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Mary ? ?
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date May 24, 1932

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED 5-24-1932 Huntington Williams M.D. Registrar.
Director

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 19, 1932

I last saw him alive on May 19, 1932 death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	
Senility	
Other contributory causes of importance:	
Septicemia from abscess of peritoneum	5-12-32

Name of operation Incision & drainage Date of 5-16-32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.
(Address) U.S. Marine Hospital

A&Co. 5-31 250B

79956 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 79956

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 43-59 Ward)

Registered No. 121
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Beckett

(a) Residence: No. 2351 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie A Beckett

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bellman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cardow Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pungateague Va

FATHER

13. NAME Moses Beckett
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachel
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Goldie A Beckett
(Address) 2351 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 5-24 1932

19. UNDERTAKER Byron Thomas & Wright
(Address) 1218 McCulloh St

20. FILED 5-24 1932 Registrar. Director

OCCUPATION is very important. See instructions on back of this certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932 to May 21, 1932

I last saw h[illegible] alive on May 21 1932 death is said to have occurred on the date stated above, at 6 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Empyema left	5/16/32
Other contributory causes of importance:	
Pneumonia	5/17/32

Name of operation Thoracotomy & drainage Date of 5/18/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. F. Schwartz, M. D.

(Address) St Joseph Hosp

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79957 ✓ E 79957

CERTIFICATE OF DEATH

92-201

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Pa. ave. St. 14-20 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Tillman

(a) Residence: No. 1519 Pa ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Maried

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Thelma Lewis
(Address) 860 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5-24-32

19. UNDERTAKER David Earlow
(Address) 916 Pa ave

Filed MAY 24 1932 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to May 22 1932

I last saw him alive on May 22 1932 Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease — Date of onset Long Duration

Other contributory causes of importance: Cerebral Hemorrhage — May 22 hr

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Wallace Frey M. D.

(Address) 1924 Penna Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo 5-31 250B

E 79958

E 79958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp 23-31 St., Ward)

Length of residence in city or town where death occurred 3 yrs. 20 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kanaras Constantine Kanaras

(a) Residence: No. 149 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 1932

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
		3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Kanaras
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Helen Kerguakopoulos
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Louis Kanaras
(Address) 149 W Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 24 1932

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED MAY 24 1932, 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to May 22, 1932
I last saw him alive on May 22 1932 death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 wks.
Other contributory causes of importance: Toxemia	3 ds.

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Chamberlayne, M. D.
(Address) St. Joseph Hosp

79959 E 79959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Leadenhall St. 23-31 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lillian L. Lehman

(a) Residence: No. 1116 Leadenhall St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME George A. Lehman

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Ida M. Maris

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mr. George A. Lehman
(Address) 1116 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 24, 1932 Director

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED _____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1932 to May 22nd, 1932
I last saw her alive on May 21st, 1932 Death is said to have occurred on the date stated above, at 7.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subcutaneous emphysema of early infancy probably of infectious origin. Cause unknown	Probably 4 or 5 days before death

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thomas Fleisher M. D.

5/23/32 (Address) 1224 26 Bowers St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 79960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79960

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607-11-Charles St., 11-7 Ward)

Length of residence in city or town where death occurred 74 yrs. 8 mos. ds. How long in U. S. If of foreign birth? 74 yrs. 8 mos. ds.

2. FULL NAME William Ross Ely

(a) Residence: No. 607-11-Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estie L Claylor Ely

6. DATE OF BIRTH (month, day, year) About Aug-1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 74	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pharmacy

10. Date deceased last worked at this occupation (month and year) 5-20-31

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME William T. Ely

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Nina Wiegel

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Mr. Estelle Ely - son
(Address) 607-11 Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 24 1932

19. UNDERTAKER Kavanagh Smith
(Address) 1001 Park Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-20- 1930 to 5-22- 1932

I last saw him alive on 5-22 1932 Death is said to have occurred on the date stated above, at 7-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of heart.	4 years
Decompensatio several times in several years.	
Other contributory causes of importance: acute cardiac dilatation	hours

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) S Bruaw M. D.
(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

E 79961

M. D. B. 1268-9

E 79961 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607-11- Charles St., 11-7 Ward)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Kate V. Claylor Ely

(a) Residence: No. 607-11- Charles St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Ross Ely

6. DATE OF BIRTH (month, day, year) March 10 1858

7. AGE: Years 76 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 2 mos.

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

FATHER

13. NAME Geo. B. Claylor

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

MOTHER

15. MAIDEN NAME Maria L. Owens

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

17. INFORMANT H. Charles R. Ely (son)

(Address) 702-N-Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslos Date May 24 1932

19. UNDERTAKER Stewart Mort. Co.

(Address) 1111 Mont Ave

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5- 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4- 20- 1932 to 5- 22 1932

I last saw h[illegible] alive on 5 - 22 1932 Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of heart;	?
General arteri sclerosis.	.
chronic nephritis.	
Impetentia —	
Other contributory causes of importance:	
acute cardiac dilatation	1 mo.
Pulmonary edema.	ago.

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. D. Eavar M. D.

(Address) medical arts bldg.

M. D. B. 1268-9

E 79962 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79962

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 E. Chase St. 10-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth 47 yrs. — mos. — ds.

2. FULL NAME Laura Eliza Herbst

(a) Residence: No. 418 E. Chase St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 19 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Glen Rock Penna

FATHER

13. NAME William H. Herbst

14. BIRTHPLACE (city or town) (State or country) Glenrock Pa

MOTHER

15. MAIDEN NAME Mary M. Grobe

16. BIRTHPLACE (city or town) (State or country) Glenrock Penna

17. INFORMANT D. Austine (Smile) (Address) 418 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk. Date May 25 1932

19. UNDERTAKER Sloan & Mayhew (Address) 2 Norths

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from January 7 1932 to May 23 1932

I last saw ... alive on May 23, 1932 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Endocarditis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) 4037 Falls Road

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Blks.

79963

HEALTH DEPARTMENT—CITY OF BALTIMORE

178-004

E 79963

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2903 Allendale Rd St. 15-61 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Fernand Wright

(a) RESIDENCE NO. 2903 allendale Rd St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth 41 yrs. 5 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Geneva M. Wright

6 DATE OF BIRTH (month, day, and year) November 24 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Law

(c) Name of employer Self Balto

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Jas. S. Wright

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eleanor Lowry

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Maryland

14 Informant Mrs Geneva M Wright Wife

(Address) 2903 allendale Rd

15 Filed MAY 24 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 22nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident Carbon Monoxide Gas.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. C. Link M. D.

May 23rd 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial May 24 1932

20 UNDERTAKER Stewart Memorial Co ADDRESS Balto

very important. See instructions on back of certificate.

79964 S. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 E 79964

REGISTERED NO.

1—PLACE OF DEATH Maryland Gen. Hosp. ST. 70-69 WARD)

CITY OF BALTIMORE: (No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva G. Emery

(a) RESIDENCE NO. 2308 Frederick ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Raymond Emery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital records

(Address) Md General Hosp

15 Filed ... 19 ... Registrar

MAY 24 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21 1932

17 I HEREBY CERTIFY, That I attended deceased from 5-20, 1932, to 5-21, 1932

that I last saw h-r alive on 5-21 1932

and that death occurred, on the date stated above, at 2 45 a m.

The CAUSE OF DEATH* was as follows:

Injections Diarrhea

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acidosis + Myocardial Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? P

(Signed) Robert E. Chenowith, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL May 26th 1932

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor

Important. See instructions on the back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

79965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79965

131

CERTIFICATE OF DEATH.

REGISTERED NO. 5-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3035 Gwynns Falls Parkway ST., WARD

2-FULL NAME Catharine E. Shallenberger

(a) RESIDENCE NO. 3035 Gwynns Falls Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry J. Shallenberger

6 DATE OF BIRTH (month, day, and year): August 7 1861

7 AGE: Years 71 Months 9 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Haeffner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frank Shallenberger

(Address): 3035 Gwynns Falls Parkway

15 Filed MAY 24 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22—32

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to May 22, 1932,

that I last saw h[illegible] alive on May 21, 1932,

and that death occurred, on the date stated above, at 3. N. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-Renal disease,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute dilatation of heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmitt, M. D.

May 22 1932 (Address) 701 N. Fairwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: May 25 1932

20 UNDERTAKER: Chas F. Crane & Son — ADDRESS: 1111 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79966 E 79966

CERTIFICATE OF DEATH

94-001

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Park Ave. St. (Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Levie

(a) Residence: No. 2111 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie S. Levie

6. DATE OF BIRTH (month, day, year) Apr. 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patterson N.J.

FATHER

13. NAME Henry Levie

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Newman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Levie
(Address) 2111 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date May 24, 19 32

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED MAY 24 1932 Huntington Williams, M.D. Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 19 31, to May 22, 1932

I last saw him alive on May 22, 1932, death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor D. Levy M. D.

(Address) 2324 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-32—500 Bks.

E 79967.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79967.

23 V

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2922 Presstman ST., [illegible] WARD)

2—FULL NAME Mr Sidney P. Hensel

(a) RESIDENCE NO. 2922 Presstman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Clara Hensel

6 DATE OF BIRTH (month, day, and year) Oct 18 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dairy Lab Teller for Farm

(b) General nature of industry, business, or establishment in which employed (or employer) Ins Agent

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Philip Hensel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Hensley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Sidney Hensel

(Address) 2922 Presstman St.

15 Filed MAY 24 1932 Huntingtown Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1932

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 24, 1932, that I last saw h alive on May 24, 1932, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Craig, M. D.

May 24 1932 (Address) John A Craig

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 26 1932

20 UNDERTAKER George J Smith — ADDRESS Hollins 532

Important. See instructions on back of certificate.

A&Co. 5-31 250R

79968

HEALTH DEPARTMENT—CITY OF BALTIMORE

79968

CERTIFICATE OF DEATH

× 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 4 W 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Dunn

(a) Residence: No. 18 Willow Ave St., ... Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dunn

6. DATE OF BIRTH (month, day, year) June 22-1855

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bank
10. Date deceased last worked at this occupation (month and year) June 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael McDunn
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Susan Coulter
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary E. Dunn
(Address) 18 Willow Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Catonsville Date July 2nd 1932

19. UNDERTAKER Chas. F. Riggs & Son
(Address) Woodlawn Baltimore

JUN 30 1932 Huntingtown Williams, N.P. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932 to June 29, 1932

I last saw him alive on June 29 1932 death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	1932
Chronic non Obstructive Myocardial disease	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of June 24/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm Cunningham, M. D.
(Address) St Joseph Hosp

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

E 79969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79969

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emma Smith

(a) Residence: No. 3348 W. Virginia Ave. St., ... Ward. (Virginia)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Smith

6. DATE OF BIRTH (month, day, year) Jan 15 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Francis Hutchins

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Catherine Gray

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. E. Smith

(Address) 3348 Virginia

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 26 1932

19. UNDERTAKER Wm. Pickett & Sons

(Address) Entire Funeral Service

20. FILED ..... 19 ..... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to May 23, 1932

I last saw her alive on May 23, 1932 death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Embolism	May 23/32
(2) Diabetes Mellitus	3 3
(3) Diabetic Gangrene Left foot	3 3

Other contributory causes of importance:

(1) Arteriosclerosis	
(2) Chronic Cardiovascular Renal Disease	

Name of operation Amputation - Mid Thigh Date of May 12, 1932

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 79970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79970 ✓ + 23

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital Lemmon St. St., 7-13 Ward)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Weiss

(a) Residence: No. Forest Ave, Catonsville St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of Eleanora R. Weiss

6. DATE OF BIRTH (month, day, year) April 13-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artists supplies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tushberg & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Weiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Albrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Eleanor R. Weiss
(Address) Eden Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Mausoleum Date May 25, 32

19. UNDERTAKER John J. McKee & Sons
(Address) Route 2 Patterson Pl. Baltimore, Md.

20. FILED MAY 26 1932, 19... Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to May 23, 1932

I last saw h in alive on 5-23-32, 19... Death is said to have occurred on the date stated above, at 8.30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of prostate	ended
Broncho pneumonia	5-22-32
Uremia	ended

Other contributory causes of importance: Pulmonary Tuberculosis

Name of operation Prostatectomy Date of 5-17-32
Suprapubic

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. E. Boardman, M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250M

79971 Permission from Dr. Leonard to bury Rec'd 5-20-32 E 79971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen Hosp St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvin A. Anderson

(a) Residence: No. Laurel Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of E. J. Anderson

6. DATE OF BIRTH (month, day, year) Feb 6 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spotter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyer, rack

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. E. Baltzell (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 5 [illegible] 1932

19. UNDERTAKER Chas. Tenney Sons (Address) 5 E. Franklin St.

20. FILED [illegible] 1932 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-6-32, 19..., to 5-19-32, 19...

I last saw him alive on 5-19-1932 death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	13 days
Other contributory causes of importance: Myocarditis	2 days
Pleurisy	

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Lemmon, M. D.

(Address) South Baltimore General Hosp

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 79972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79972

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. | - | Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathline Krug (Catherine A. Krug)

(a) Residence: No. 1111 S Curley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Krug

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Sisloch

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Baltimore City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 6th 193

19. UNDERTAKER Leby & Zeiler Inc.
(Address) 1000 Washington Blvd.
Huntington W. Virginia N.P.

20. FILED ... Registrar. (Deputy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.22.32

22. I HEREBY CERTIFY, That I attended deceased from 5-8-32 19... to 5-22 19 32

I last saw her alive on 5.22 19 32 Death is said to have occurred on the date stated above, at 10:00 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum & hemiplegia right	5-8-32

Other contributory causes of importance: none

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

5.22.32 (Signed) Elmer Hajsberger Jr. M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—J. F. S.—500 Bks.

E 79973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79973

CERTIFICATE OF DEATH

66-002

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-3 ST., WARD)

2—FULL NAME Mrs. Marie M. Schefferer

(a) RESIDENCE NO. 622 S. Kenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of George Schefferer

6 DATE OF BIRTH (month, day, and year) Aug 18 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adolfe Kleiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Turst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant. George Schefferer Husband

(Address) 622 S. Kenwood Ave

15 Filed MAY 24 1932, 19 Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/32

17 I HEREBY CERTIFY, That I attended deceased from 5-4, 1932, to 5-23, 1932

that I last saw her alive on 5-23-, 1932

and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Hypo-tension 8-10 yrs

Myocarditis 10 yrs

(duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus - (duration) yrs mos. 30 Minutes

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-17-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenoweth, M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 27 1932
20 UNDERTAKER Libby & Geiler Inc	ADDRESS 1032 D. Wolfe St

3 important. See instructions on back of certificate.

79974

✓ E 79974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Hudson St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eduard J. Sroka

(a) Residence: No. 3812 Hudson St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa Sroka

6. DATE OF BIRTH (month, day, year) Feb 2 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Sroka

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Sroka Wife

(Address) 3812 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 27 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 N. Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 23, 1932

I last saw ... alive on May 23, 1932 Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Brain with unexplained suffering Chronic Cystitis	8 hours ago
Other contributory causes of importance:	
Hemorrhage of Brain	May 23-32

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. J. Sroka M. D.

(Address) 726 Cathedral St.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79975 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79975

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 2-4 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Veronica Cygamek

(a) Residence: No. 1906 Aliceann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ? Poland

FATHER

13. NAME Michael Cyzamek

14. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER

15. MAIDEN NAME Constance ?

16. BIRTHPLACE (city or town) (State or country) ? Poland

17. INFORMANT Records of (Address) Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cem Date May 27, 1932

19. UNDERTAKER George A. Weber (Address) 705 E. Lanvale Street

20. FILED May 24 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931 to May 23, 1932

I last saw her alive on May 23, 1932 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11/2/31
hypertension	
myocarditis chronic	

Other contributory causes of importance: .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Arnold Jr. M. D.

(Address) Balto City Hos.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79976 E 79976

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Smith Maguill

(a) Residence: No. Hyattsville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 1

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT University Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Md Date May 20 19 32

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 15 19 32 to May 18 19 32

I last saw him alive on May 18 19 32 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 16
Other contributory causes of importance: Chronic Myocarditis Generalized Arteriosclerosis Senility	6 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 79977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79977

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH West Baltimore Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2756 St., ... Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U.S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Baby Girl Miller

(a) Residence: No. 3401 Dupont Ave St., ... Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/24/32

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ethel Oakley

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 27 1932

19. UNDERTAKER John M. Bearse Funeral Home

(Address) 2201 W. North Ave.

20. FILED May 27 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to May 27, 1932

I last saw h.r alive on May 24 1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lapham M. D.

(Address) West Balto. Gen. Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—10[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79978

E 79978

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2948 Harford Road ST. 9-45 WARD)

2-FULL NAME Mary C Meid

(a) RESIDENCE. NO. 2948 Harford Road ST.. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Albert Meid

6 DATE OF BIRTH (month, day and year) Dec 25-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Tegeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eleanora Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert Meid (Address) 2948 Harford Road

15 Filed May 24 1932 Huntington Williams, Registrar

Y 241932 Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1932

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 22, 1932, that I last saw her alive on May 22, 1932, and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signor Symptoms

(Signed) Arthur C Monninger M. D.

5/24 1932 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL May 1932

20 UNDERTAKER Mary A Gawthrop

ADDRESS 2889 Rayner Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79979

CERTIFICATE OF DEATH

210 E 79979

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. Hosp. (Street) (Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Alfred L. Burgess

(a) Residence: No. 612 S. Smallwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Violet L. Burgess

6. DATE OF BIRTH (month, day, year) Aug. 18, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corridor Stockings

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Owen Burgess

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Carie Porter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Violet L. Burgess
(Address) 612 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date May 25- 1932

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED 5-24-1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Injuries + autopsy 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/22/32
Ruptured Spleen	
Other contributory causes of importance:	
Run over by auto.	5/22/32

Name of operation None Date of

What test confirmed diagnosis? autop Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 5-22- 1932

Where did injury occur? Pratt & Howard Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Run over by auto truck

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edwin Poker M. D.
Coroner

(Address) 22 E. Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

79980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79980

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 12-51 St., Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T. Furnell

(a) Residence: No. Cove St., Crisfield, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie E. Hoffman

6. DATE OF BIRTH (month, day, year) October 26, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) [illegible] 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

FATHER

13. NAME John F. Furnell

14. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Nancy Hickman

16. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield Cem. Date May 26 1932

19. UNDERTAKER John A. Braithwaite (Address) Crisfield Md.

[illegible] Hunting for Williams, N.J.

MAY 24 1932 [illegible] Registrar. (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1932 to May 24, 1932

I last saw him alive on May 24, 1932 death is said to have occurred on the date stated above, at 4:50 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, arterial with cardiac hypertrophy and dilatation	unknown
Other contributory causes of importance:	
Hemorrhage, cerebral	5-5-32

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) U.S. Marine Hospital, Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 79981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79981

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 268 S. Robinson St. 1-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Tosches

(a) Residence: No. 268 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Tosches

6. DATE OF BIRTH (month, day, year) June 19th 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Frate

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Costondino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Henry Campagna
(Address) 268 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 25, 1932

19. UNDERTAKER Frank V. Lifetime
(Address) 2218 E. Balto St

Huntington Williams M.D.
Registrar. Director
B. of H.

MAY 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 32, 19..., to May 22, 1932
I last saw h[illegible] alive on May 22, 1932 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiac hemorrhage	
apoplexy	
Other contributory causes of importance:	
arteriosclerosis	

Name of operation no Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr. Thomas M.D.

(Address) 301 S Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 79982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79982

CERTIFICATE OF DEATH

X 173

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... ST. 1 - 49 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Smith, Jr.

(a) RESIDENCE No Parkton, Maryland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	20	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farm Hand
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Esther M. Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John A. Smith

(Address) Parkton, Maryland

15 [illegible] 1932 [illegible] Williams, M.D.

Registrar

C. C. H. Director

Y 24 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound through back of Head

Homicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John H. Morrissey, M. D. Coroner

5-24-1932 (Address) 3672 Orland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pine Grove, Balto. County	May 26, 1932
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	1256 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 1-31 250B

E 79983 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79983

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mt Hope Retreat — Registered No. 125

CITY OF BALTIMORE: (No. 6420 Reisterstown Rd. 70-71 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Schwarzkopf

(a) Residence: No. 3724 Old Frederick Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schwarzkopf

6. DATE OF BIRTH (month, day, year) Aug 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker Public

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bedding Mfr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Schwarzkopf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Stamp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mt. Hope Retreat
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 27, 1932

19. UNDERTAKER Edward H. Tompkins
(Address) 924 Eager St.

20. FILED Hampton Williams, N.P. Registrar.
6 N.P.B. Director

Y 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to April 27, 1932

I last saw h in alive on May 24 1932 death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis	12 days
Acute Dilatation Heart	1 day
Acute pneumonic congestion	1 day
If Lung, Spleen	10 days
Pulmonary Edema	4 days
Other contributory causes of importance:	
Senile Dementia	5 years

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nicholas L. Bourdillon, M. D.

(Address) 33 W. Frederick Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 79984

E 79984

E. 79984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 404 W 29th St. ST. 12-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret V. Pinchart.

(a) RESIDENCE NO. 404 W 29th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Nelson L. Pinchart

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Anna M. Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Nelson L. Pinchart.

(Address) 404 W 29th St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1932, to May 24, 1932, that I last saw her alive on Apr 23, 1932 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. Patient refused Sanitarium 1/24/32

(Signed) Wm. R. Brady M. D.

5/25/32 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer.	May 27, 1932
20 UNDERTAKER	ADDRESS
Thurnwald Son	3615 Chestnut Ave

IMPORTANT. See instructions on back of certificates.

Registrar

Williamsport, Md.

MAY 25 1932

Spec.—2-29-28—L. F. S.—500 Bks.

E 79985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79985

23

E79985

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 N. Wolfe St. ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane C. Fee.

(a) RESIDENCE NO. 2136 N. Wolfe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Fee.

6 DATE OF BIRTH (month, day, and year): Aug 28, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: George Schweizer

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Octavia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Frank Fee

(Address) 2136 N. Wolfe St.

15 Filed MAY 25 1932 19 Huntington Ave. N.Y. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 3 1932 to May 24 1932

that I last saw her alive on May 23 1932

and that death occurred, on the date stated above, at 6:50 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Cervix

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. M. C. Fowler, M. D.

5/26 1932 (Address) 1114 Hartman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem.

DATE OF BURIAL: May 27, 1932

ADDRESS

20 UNDERTAKER: Thenow & Son

3615 Chestnut Ave.

IMPORTANT. See instructions on back of certificates.

1-30—M. & T.—100 B—401.

E 79986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79986

CERTIFICATE OF DEATH

REGISTERED NO. 287 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. University Hospital ST., ... WARD .....

2-FULL NAME Lillian Bertha Herman

(a) RESIDENCE No 1709 Moreland Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	42	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Wm Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose D. Oehle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Henry Wm Herman

(Address) 1709 Moreland Ave

15 Filed MAY 25 1932 193 Huntington Pittman Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck by W. B & A. Train.
Accidental Death

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Shipley Hgts. Md.

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Eugene Zellar M. D.
Coroner

5/23 1932 (Address) 3739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL May 25 1932

20 UNDERTAKER Wm Flickner & Sons ADDRESS North Ave

Director

mation should be carefully supplied. AGE should be stated... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1265-A E 79987

79987 E 79987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Archer Jeffery

(a) Residence: No. 1724 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Burgess

6. DATE OF BIRTH (month, day, year) Feb 9/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	37	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Melvin Jeffery

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Katie Rich

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs. Joseph Clark

(Address) 5204 Plymouth Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Cemetery Balto Co Date May 25, 1932

19. UNDERTAKER Mary M Wadefield

(Address) 2220 E Preston St

20. FILED MAY 25 1932 Registrar.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other contributory causes of importance: Acute Rheumatic Endocarditis	
6 mons ago	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Bacon Coroner . M. D.

(Address) 708 E Monument

M. D. H. 1268-9

E 79988

E 79988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79988

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 24-34 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Frank

(a) Residence: No. 1749 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Jan. 18, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56?	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Albany Ind.

FATHER

13. NAME: Charles

14. BIRTHPLACE (city or town) (State or country): ? Illinois

MOTHER

15. MAIDEN NAME: Mary Lee

16. BIRTHPLACE (city or town) (State or country): Cape May N.J.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date 5/26 1932

19. UNDERTAKER (Address): Wm. Gorsuch & Son 1422 Eutaw St

20. FILED MAY 27 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to May 24, 1932

I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr - Diabetes	1 mo.
Other contributory causes of importance:	
Arteriosclerosis	unk.

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. G. Tunnell M.D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 79989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 79989

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 23 N. Strickers ST. 2-4 WARD)

2-FULL NAME Walter Jones

(a) RESIDENCE NO. 25 N. Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 6th 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	33	—	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Holbrook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nellie Jones

(Address) 25 N. Durham St.

MAY 25 1932 Filed 192 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage suddenly

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Cromwell M. D. Coroner

May 24, 1932 (Address) 203 Patapsco St., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: May 27 1932

20 UNDERTAKER: Edw Bryan — ADDRESS 1681 orleans st

mation should be carefully supplied. AGE should be stated immediately. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec. 4-1-12-23—VAT—500 lbs.

E 79990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79990

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 N. Vincent ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Randalls.

(a) RESIDENCE NO. 1414 N. Vincent St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-3-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Norman Randalls

11 BIRTHPLACE OF FATHER (city or town) Calvert Co. Md (State or country)

12 MAIDEN NAME OF MOTHER Ethel Tydings

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co. Md (State or country)

14 Informant Rena Brown (Address) 725 Cumberland St.

15 Filed MAY 23 1932, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23-1932

17

I HEREBY CERTIFY, That I attended deceased from 5-4, 1932, to 5-23, 1932,

that I last saw her alive on 5-19, 1932,

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

History

Personal knowledge 6 (duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 510 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Douglas Memorial Cemetery — DATE OF BURIAL May 26 1932

20 UNDERTAKER Archibald C. Gaddis — ADDRESS 1845 McCulloh St.

mation should be carefully supplied. Any alteration may be properly classified CAUSE OF DEATH in plain terms, so that it may be properly classified TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

AaCo. 5-31 250B

79991 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 79991

CERTIFICATE OF DEATH X 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 14-26 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. (6) ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Rogers

(a) Residence: No. 1001 E. Street St., Spring (Park) Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Rogers

6. DATE OF BIRTH (month, day, year) January 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Rodgers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lankford

16. BIRTHPLACE (city or town) (State or country) Fredericksburg, Va.

17. INFORMANT Ida Rodgers
(Address) 1001 E. St. Spring Pk.

18. BURIAL, CREMATION, OR REMOVAL
Place Ashburn Date May 27 1932

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 725 Ashland Ave.

20. FILED MAY 25 1932 Wilmington Williams, M.D.
Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-24-1932 to 5-24, 1932, to 5-24, 1932

I last saw h/ M alive on 5-24 1932 death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular Disease	2-25-32
Uremia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George McDonald M. D.
5-25-32 (Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79992

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79992

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Central ave. 3-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin P. Gerlach

(a) Residence: No. 419 S. Central ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) April 16 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1 11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fredrick Gerlach

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lucille Gouillia

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Fredrick Gerlach
(Address) 419 S. Central ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rodeemer Date May 24. 1932

19. UNDERTAKER Wendell & Heppel
(Address) 300 S. Eden St.
Huntington Williams, N.Y.

20. FILED MAY 25 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18. 1932 to May 23. 1932
I last saw h in alive on May 23 1932 death is said to have occurred on the date stated above, at 6.8 m.

The principal cause of death and related causes of importance were as follows:

Bronco. Pneumonia — Date of onset May 11. 32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph L. Valentine M. D.
(Address) 14 E. Lo Rodeemer

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 25 1932

E 79993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79993

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Penna Ave St., 17-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aleen Corse Howard

(a) Residence: No. 1112 Penna Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Howard

6. DATE OF BIRTH (month, day, year) Jan 8 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	14/15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alexander Corse
14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Howard
(Address) 533 Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date May 25, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3224 Schroeder Ave

20. FILED MAY 26 1932 19... Katie R. Williams Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 22, 1932

I last saw h[illegible] alive on May 20 1932 death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9-1-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Sputum Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. McRae, M. D.

(Address) 1126 Druid Hill

To state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79994

HEALTH DEPARTMENT—CITY OF BALTIMORE 79994

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 18-26 St. Ward)

Registered No. V108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Gridley

(a) Residence: No. 861 W. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	45	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Gridley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Josephine Bland

(Address) 861 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date May 25, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lanvale St.

MAY 25 1932

20. FILED ... 19... Henrietta Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/12/32, 19.. to 5/21/32, 19..

I last saw h/ alive on 5/21/32, 19.. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Paralysis	
Broncho Pneumonia (Bilateral)	5/13/32
Lobar Pneumonia (Rt Upper)	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry D. Shelley, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79995

159

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-17 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Marie Smith

(a) Residence: No. 1719-N. Chapel Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) May 18th, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	-	7	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME George R. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lida C. (Drane)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT George R. Smith
(Address) 1719-N. Chapel Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/26/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAY 25 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. St Pierre M. D.
Coroner

(Address) 508 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION in every case. OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 79996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79996

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 1-2 WARD)

2-FULL NAME Charles Straub

(a) RESIDENCE NO. 2931 Eastern Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Straub

6 DATE OF BIRTH (month, day, and year) July 16 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	53	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Blacksmith helper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Bado (State or country) Md

PARENTS

10 NAME OF FATHER John Straub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth Straub

(Address) 2931 Eastern Ave

15 Filed ..., 192... Registrar

MAY 25 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 2931 Eastern Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Herzog M.D. M. D. Coroner

May 24, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem'y

DATE OF BURIAL: 5/25/32

20 UNDERTAKER Harry W. Nutzke

ADDRESS 4101 Edmondson Ave.

Director

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

B 79997.

M E 79997.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 76-37 WARD)

2-FULL NAME John J. Smith

(a) RESIDENCE No. 67 Kinship road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND) of (or) ~~WIFE~~ of late Margaret V. Smith

6 DATE OF BIRTH (month, day, and year) July 13/56

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
✓	75	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Con. Gas El. L. & P.

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jacob Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johannah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Rosa Maisnack

(Address) 67 Kinship road

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Ileum
Fractured Pelvis
(duration) ..... yrs. mos 1 dys.

CONTRIBUTORY (Secondary) Struck by automobile 5/22/32
(duration) ..... yrs. ..... mos. 1 dy.

18 Where was disease contracted if not at place of death? Dundalk Ave & Willow Spring Rd

Did an operation precede death? no Date of

Was there an autopsy? Yes. 5/23/32 City Hospitals.

What test confirmed diagnosis? Autopsy

(Signed) Joseph [illegible] M. D.
Coroner

, 19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 5/26 1932

20 UNDERTAKER Patrick Hennessy

ADDRESS 1416 Orleans

MAY 2 3 1932

Justice of the Peace

Deputy

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79998

M.D. H. 1265-a

E 79998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Belnord Ave St. 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Starkey

(a) Residence: No. 410 N. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa E.

6. DATE OF BIRTH (month, day, year) Sept 6/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James A. Starkey

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Alice Hickman

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Matthew M. Starkey
(Address) 3112 Lawnview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Elm, Date 5/26, 1932

19. UNDERTAKER Philip Herring & Co
(Address) 2446 Lawanna Ave

20. (Filed) MAY 25 1932 Lexington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May22/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull at base	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place fell backward as he ascended

Manner of injury cellar steps in his home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. H. Cairns Coroner, M. D.

(Address) 508 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-9

79999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79999

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 E. Monument St., 5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Hamilton

(a) Residence: No. 1203 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Hamilton

6. DATE OF BIRTH (month, day, year) March 19/1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	4 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Richard Stansbury

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary E. Bond

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Jerome H. Hamilton
(Address) 1203 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 26. 1932

19. UNDERTAKER William J. Schaeffer & Sons
(Address) Huntingdon Pennsylvania

20. FILED MAY 25 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cariac & Nephritic Insuffiency	
Other contributory causes of importance: Slipped & fell on stairs in residence 2 wks ago	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Callen M. D.

(Address) 508 E. Monument Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 70000 80000

HEALTH DEPARTMENT—CITY OF BALTIMORE

80000

23 E 70000

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (The.)

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Brice

(a) Residence: No. 157 East st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sam Brice

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lydia Wiley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of M Date May 25, 19 32

19. UNDERTAKER Huntington Williams, Inc.
(Address)

20. Filed ..... 19 ..... Registrar.

MAY 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to May 24, 1932

I last saw her alive on May 24, 1932. Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence H. Sena, M. D.

(Address) Baltimore City Hospitals

Information on DEATH in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Rev. 1-30 M. & T.—250 Blks

E 80001 ✓ E 8000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 Eason ST. 10-W (WARD)

2-FULL NAME Jeanie C. Johnson

(a) RESIDENCE NO. 1115 Eason ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles F. Johnson

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Martin P. Shaungood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kat Kinkon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. C. Charles F. Johnson (Address) 1115 Eason St.

15 Filed MAY 25 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25/32.

17 I HEREBY CERTIFY, That I attended deceased from 5/23, 1932, to 5/25, 1932.

that I last saw her alive on 5/25, 1932,

and that death occurred, on the date stated above, at 11 10 A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Sigl. Sittman, M. D.

, 19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Hartford Co. Md.

DATE OF BURIAL May 19 32

20 UNDERTAKER Edmund W. Hopkins

ADDRESS 924 E. Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E. 80002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 80002

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Towson ST.) 24-35 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Roach

(a) RESIDENCE NO. 1418 Towson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick Roach

6 DATE OF BIRTH (month, day, and year) May 22, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Nicholas Schleier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs L. Roach

(Address) 1418 Towson St.

15 Filed MAY 25 1932 Huntington Williams M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/32

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 25, 1932, that I last saw her alive on May 25, 1932 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic int nephritis

unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Wm L Stifler, M. D.

5/25, 1932 (Address) 1819 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross G. A. Co. DATE OF BURIAL May 27 1932

20 UNDERTAKER Margaret V. Flynn ADDRESS 1422 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80003

CERTIFICATE OF DEATH

E 80003

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-37 St., Ward) 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME William Ellis

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Ellis

6. DATE OF BIRTH (month, day, year) July 25, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Ireland

FATHER

13. NAME William Ellis

14. BIRTHPLACE (city or town) (State or country) ? Ireland

MOTHER

15. MAIDEN NAME Mary Cunningham

16. BIRTHPLACE (city or town) (State or country) ? Ireland

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date May 26, 1932

19. UNDERTAKER Margaret G. Flynn (Address) 1422 Light St.

20. FILED MAY 25 1932 Huntington Williams, N. D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1927 to May 23, 1932

I last saw him alive on May 23, 1932 Death is said to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

myocarditis chronic ?
arteriosclerosis
senility

Date of onset 5/21/30

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jas. Thirsdy Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80004

CERTIFICATE OF DEATH

34 E 80004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 13 E. Ware St

CITY OF BALTIMORE: (No. Balto md St. 12-5B Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Green

(a) Residence: No. 13-E Ware St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Green

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Works for self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sloyde Green

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rebecca Linsley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Green

(Address) 13 E. Ware St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 24, 1932

19. UNDERTAKER Robert F. Williams

(Address) 1515 McCulloh St

20. FILED MAY 25 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to May 23, 1932

I last saw him alive on 5-23-, 1932. Death is said to have occurred on the date stated above, at 11:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Nephritis	1931
	Prob

Other contributory causes of importance:

Cystitis + Gastritis

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H R Boykin, M. D.

(Address) 1512 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80005

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Shutter St., 7-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Bagley

(a) Residence: No. 822 Shutter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal Truck

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Anderson Bagley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Scott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thelma Towns

(Address) 822 Shutter St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date May 26 1932

19. UNDERTAKER Ida Snowden

(Address) 1224 Madison Ave

Huntington Terrace, Md.

MAY 25 1932

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Walter . M. D.
Coroner

(Address) 508 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80006
2611014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80006

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-10 Ward) 79-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Justinesz

(a) Residence: No. 125 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-13-24

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
7	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Michael Justinesz

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna Lucas

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 26, 1932

19. UNDERTAKER Frank Craghton
(Address) 1906 Eastern Ave Huntington Williams, MD

20. FILED MAY 25 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 23, 1932
I last saw h im alive on May 23, 1932 Death is said to have occurred on the date stated above, at 405A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess of brain	Apr. 1932
Meningitis, streptococcus	May 15, 1932

Other **contributory causes** of importance:

Name of operation Ventricular puncture Date of May 19

What test confirmed diagnosis Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) T. E. Anderson, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80007

CERTIFICATE OF DEATH

E 80007

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 W. Mosher, St., 16-67 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosanna K. Zell

(a) Residence: No. 2932 Mosher, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Zell

6. DATE OF BIRTH (month, day, year) May 23, 1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	-	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Chapau

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs Mary Scott
(Address) 2932 W. Mosher, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/26, 1932

19. UNDERTAKER Frank R. Ogle
(Address) 1200 W. Lombard St.

20. FILED MAY 23 1932 Huntington Williams, Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1932 to May 23, 1932

I last saw her alive on May 23 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, Cedema of Lungs	
Senile Arteriosclerosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phy exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward L. Trabert M. D.
(Address) 1219 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31-250B

E 80008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80008

CERTIFICATE OF DEATH

108 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Fenwick

(a) Residence: No. 1626 Presbury St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, year) Feb 22 1930

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or..... min.
	2	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME William Fenwick
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Viola Dorsey ~~Fenwick~~
16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT William Fenwick
(Address) 1620 Presbury St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date May 26 1932

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Freeman St

Filed MAY 26 1932 19 Huntington Titus, Registrar N.B. 5-25-32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1932 to 5-25, 1932

I last saw h C R alive on 5-25, 1932 death is said to have occurred on the date stated above, at 2 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	13 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George McDonald M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80009

E 80009 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 N. Caroline St. 8-17 Ward)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. McNulty

(a) Residence: No. 1405 N. Caroline St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabella V. Hall

6. DATE OF BIRTH (month, day, year) Sept. 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas F. McNulty

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Baine

16. BIRTHPLACE (city or town) -------
(State or country) Maryland

17. INFORMANT Mrs. Isabella V. McNulty
(Address) 1405 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 5/28 1932

19. UNDERTAKER Henry U. Meade and Son
(Address) 1111 W. Fayette St.

20. FILED MAY 26 1932 ... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1931 to May 25 1932

I last saw him alive on May 25 1932 Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset: ...

Other contributory causes of importance:

Cerebral embolism
myocarditis
arteriosclerosis

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Thomas G. Young M. D. M. D.

(Address) 5704 Harford Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80010

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 5-58 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Rose Goldberg
(a) Residence: No. 2615 Garden Parkway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vessel Goldberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Israel D. Caplan
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Jennie L.
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harris L. Goldberg
(Address) 1538 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 5-26 1932

19. UNDERTAKER Joseph Louis Lore
(Address) 4432 E. Baltimore St Huntington Williams, M.D.

20. FILED MAY 27 1932 Registrar-Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 1932 to May 25 1932
I last saw h alive on May 25 1932 Death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Generalized Arteriosclerosis	
Chronic Myocarditis	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Dr. B. Kreul M. D.
(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80011

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) St. 27-54 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Levy

(a) Residence: No. Belvedere Towers Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Levy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Fenstall

(Address) Belvedere Towers Apts

18. BURIAL, CREMATION, OR REMOVAL Rosedale Cemetery Date 5-29-32

19. UNDERTAKER Jack Levine Inc

(Address) 1439 E. Eager St Huntington Station, N.Y.

20. FILED MAY 28 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 25, 1932

I last saw him alive on May 25, 1932 Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hy. card. vascular disease	
Hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edmund Levine, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 80012 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80012

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 4608 Belair Road ST. 27-41 WARD)

2. FULL NAME Annie K. Seabrease

(a) RESIDENCE NO. 4608 Belair Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

5a If married, widowed, or divorced (or) WIFE of Charles K Seabrease

6 DATE OF BIRTH (month, day, and year) Dec 8-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia

14 Informant Bernard Seabrease

(Address) 3205 Tyndale Road

Filed MAY 26 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th 32

17

I HEREBY CERTIFY, That I attended deceased from May 23 1932, to May 24 1932

that I last saw her alive on May 24 1932

and that death occurred, on the date stated above, at 10 55 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis with hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

5/26, 1932 (Address) 413 Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL May 27 1932

20 UNDERTAKER Jos Joerdens & Son ADDRESS 2173 Pace

1-30—M. & T.—100 B—50L

E 80013

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 E 80013

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Found floating at the mouth of Curtis Creek. (ST.) 25-77 (WARD)

2-FULL NAME Joseph Piechota.

(a) RESIDENCE NO. 1503 Locust St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---------- ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND OF) (or) WIFE OF Mary Piechota.

6 DATE OF BIRTH (month, day, and year) March 19, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Carrie Hasse. (daughter)

(Address) 1503 Locust St.

15 Filed MAY 26 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found Floating May 22, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) W. A. Reinhardt, M. D. Coroner

5/25/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. A. A. Co. — DATE OF BURIAL: May 26 1932

20 UNDERTAKER: Wm. L. Fialkowski — ADDRESS: 2007 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

AACo. 5-31-250M

E 80014

E 80014 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Eutaw St., Ward) 25 36

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Mariglia

(a) Residence: No. 317 N. Green St. Fayette & Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Angelina Mariglia

6. DATE OF BIRTH (month, day, year) Jan 15 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	4	9	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antonio Mariglia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela D'Anna

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Mariglia

(Address) 317 N. Green St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5/27/32

19. UNDERTAKER Geo. J. Kelly Inc.

(Address) 733 Washington Blvd

20. FILED Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to May 24, 1932

I last saw him alive on May 24, 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection left leg.	3 months previously
undetermined	
Other contributory causes of importance:	
Septicaemia	May 17

Name of operation Incision & drainage Date of May 18 '32

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eldred Roberts, M. D.

(Address) Fayette & Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-C

E 80015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 N. Bond St. St. 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret T. Quirk

(a) Residence: No. 1831 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Dec 29, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Quirk

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Lacey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Quirk
(Address) 1831 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 27, 32

19. UNDERTAKER John J. Mahr
3000 E. Pratt St.
Huntingtown Williams, N.Y.
Registrar.

MAY 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1932, to May 24th 1932, I last saw her alive on May 24th 1932. Death is said to have occurred on the date stated above, at 6.40 Pm

The principal cause of death and related causes of importance were as follows:

Hemorrhage from Cancer of right breast — Date of onset .....

Other contributory causes of importance: Cancer of right breast

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William Messick, M. D.
(Address) 1700 Linden Ave.

H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 80016

E 80016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 16-1 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Pinkney

(a) Residence: No. 1314 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Jan. 31, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48?		??	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Williamsport Md.

FATHER

13. NAME: Miller Peters

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Martha Gates

16. BIRTHPLACE (city or town) (State or country): Williamsport Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. 5/6 1932

19. UNDERTAKER (Address): Samuel Hemsley 3518 Biddle St. Huntingtown Williams, MD.

20. Filed MAY 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1931 to 5-24, 1931

I last saw him alive on 5-24, 1931 death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast & Metastasis to Neck.

Date of onset

Other contributory causes of importance:

Asphyxia from obstruction of Trachea

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther Leader M. D.

(Address) Balto. City Hospitals

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1368-9

E 80017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80017

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St 13-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 71 yrs. mos. ds.

2. FULL NAME Mrs. Thekla Elsasser

(a) Residence: No. Esplanade Apartments Eutaw Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Alexander Elsasser

6. DATE OF BIRTH (month, day, year) Aug. 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bernhard Sonnprecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Rosenthal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. D. Miller

(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Date May 26, 1932

19. UNDERTAKER Harid Sondheimer Son

(Address) 1902 Eutaw Place

20. FILED MAY 26 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to May 24, 1932

I last saw her alive on May 24, 1932 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene	

Other contributory causes of importance:

Chronic myocarditis
Arteriosclerosis
Diabetes mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. D. Kirsch, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Bks

E 80018

E 80018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 960 N. Lemmon St. 7-13 WARD)

2-FULL NAME John T Fegg

(a) RESIDENCE NO. 960 N Lemmon St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Matilda Fegg

6 DATE OF BIRTH (month, day, and year) Dec 25-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired watchman 06 Court House

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John T. Fegg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sara A Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Anna M Snack 1726 E Madison

15 Filed MAY 26 1932 Huntington Williams, M.D. Registrar (Director)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25-1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to May 25, 1932

that I last saw h[er] alive on May 23, 1932

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema Endocarditis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward L Woolf M. D.

5/25 1932 (Address) 413 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem DATE OF BURIAL Fri May 27th 1932

20 UNDERTAKER Geo H Schilling ADDRESS 1124 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-8

E 80019 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 80019

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc 13 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius Podbielska

(a) Residence: No. 517 S. Patterson Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 12, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Toolmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME (Unknown) Podbielska

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Donicela ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross C. H. Date May 27, 1932

19. UNDERTAKER F. W. Gazenski
(Address) 1920 East Fayette Ave Remington Matthews, M. D.

20. FILED MAY 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 24, 1932

I last saw him alive on May 24, 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	9 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrence H. ..... M. D.

(Address) Baltimore City Hospitals

I. B.—WRITE PLAINLY, with pen and ink, and use no abbreviations. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 80020 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80020

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Dallas St. 7-9 Ward)

Length of residence in city or town where death occurred, 3 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Middie Bailey

(a) Residence: No. 626 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Linda Bailey

6. DATE OF BIRTH (month, day, year) appox 7/7/

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
appox 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bow Hill Md
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Florence Fletcher
(Address) 123 Lowe St Clarksville

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5.26. 1932

19. UNDERTAKER Mitchell & Bailey
(Address) 1700 Pennsylvania Ave

20. FILED MAY 26 1932 Huntington Williamson, Asst. Sec.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to May 23, 1932
I last saw her alive on May 23, 1932 death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency →	unknown
Other contributory causes of importance: Parenchymatous Nephritis →	unknown
and Broncho pneumonia →	1 day

Name of operation None Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Young M. D.
(Address) 1429 E. Monument St

N. B.—WRITE PLAINLY, WITH INK. ENTRIES ON THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

M E 30021

E 30021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lexington & Harrison Sts. St. 4-7 WARD)

2-FULL NAME John Keys C.

(a) RESIDENCE NO Do not know. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Hessey Keys. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Senia Johnson. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Elizabeth Parran. (C) sister.

(Address) 885 Boyd St.

Filed MAY 26 1932, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidentally struck and knocked down by a street car of the United Ry. & E. Co.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Ehrhardt, M. D. Coroner

5/25/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL May 27, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 2316 Edmondson Ave.

THE MORGUE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80022

E 80022

CERTIFICATE OF DEATH.

108 V

REGISTERED NO. W2640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE, (No. 1234 W. Lafayette St., May 16-23 Ward)

2-FULL NAME ~~Lot~~ Vernen Virginia Beckles

(a) RESIDENCE NO. 1234 W. Lafayette Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: ———

6 DATE OF BIRTH (month, day, and year): April 19, 1914

7 AGE: Years 18 yrs | Months 1 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Beckles

11 BIRTHPLACE OF FATHER (city or town):

(State or country) St Thomas D.W.I.

12 MAIDEN NAME OF MOTHER Mary Phillips

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Calvert Co. Md

14 Informant Mary Beckles

(Address) 1234 W Lafayette Ave

Filed MAY 26 1932 Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1932

17 I HEREBY CERTIFY, That I attended deceased from May 16 1932 to May 22, 1932

that I last saw her alive on May 22, 1932

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) ———

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? What test confirmed diagnosis? Medical Exam.

(Signed) Wm H. Watts, M. D.

From 22 1932 (Address) 928 Penna. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: May 26, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80023

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St.) 2-50 (Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen J. Wright

(a) Residence: No. 2117 Barkley St., ... Ward.

(Usual place of abode) Bardley (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eulah E. Wright

6. DATE OF BIRTH (month, day, year) June 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Belington W Va

FATHER

13. NAME Floyd M. Wright

14. BIRTHPLACE (city or town) (State or country) Barbour Co W Va

MOTHER

15. MAIDEN NAME Lelia Newlon

16. BIRTHPLACE (city or town) (State or country) Barbour Co W Va.

17. INFORMANT Floyd M. Wright (Address) Belington W Va.

18. BURIAL, CREMATION, OR REMOVAL Place Belington W. Va. Date 5 26 32

19. UNDERTAKER Wm Cook (Address) 2[illegible] Huntington Avenue, Balto. Md.

20. FILED MAY 26 1932, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
(Apoplexy)	
Other contributory causes of importance:	
Undetermined	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Oates M. D.

Coroner

(Address) 508 E North Ave

Directo...

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Coroners Cromwell Brooklyn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30024

E 30024

CERTIFICATE OF DEATH

1427002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 21 Ward)

Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mae Beckman

(a) Residence: No. 1302 Fawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29th 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miss Lady 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Talks Gutman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jno B. Beckman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Josephine Sanders

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jno B. Beckman
(Address) 1302 Fawn St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Hartford Rd Date May 27th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed MAY 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24th 1932 to May 24th 1932
I last saw her alive on May 24 1932 Death is said to have occurred on the date stated above, at 12-a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ectopic Pregnancy	5/24/32
Other contributory causes of importance: Hemorrhage and General Peritonitis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Guy U. Cromwell M. D.
Coroner

(Address) 2431 Patapsco Ave Brooklyn

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. Horenstein 733 August ct Boy 1783

E 80025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80025

CERTIFICATE OF DEATH

93-003

Registered No. 10-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923½ Forrest St. 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Mullin

(a) Residence: No. 923½ Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Margaret M. Mullin

6. DATE OF BIRTH (month, day, year) April 4th 59

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McDonald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret M. Mullen

(Address) 923½ Forrest St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery May 27th 1932

19. UNDERTAKER Wm Cook

(Address) 217 W. St. Paul St

20. FILED . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1932 to May 24 1932

I last saw him alive on May 24 1932 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic nephritis

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1168-9

39026 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80026

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida O. Haywood

(a) Residence: No. 1126 N. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Haywood

6. DATE OF BIRTH (month, day, year) May 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rich Square North Carolina

FATHER

13. NAME Thomas P. Outland

14. BIRTHPLACE (city or town) (State or country) Rich Square North Carolina

MOTHER

15. MAIDEN NAME Isabelle Copeland

16. BIRTHPLACE (city or town) (State or country) Rich Square North Carolina

17. INFORMANT Mr. J. Harry Haywood

(Address) 1126 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 28 1932

19. UNDERTAKER Lee H. Cook

(Address) 1003 W. Baltimore St.

20. FILED MAY 26 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to May 25, 1932.

I last saw h.r alive on May 25, 1932. Death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5-11-32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. Yeager M. D.

Director (Address) University Hospital

5/25/32

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 80027 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80027

CERTIFICATE OF DEATH

108 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3747 Beech Ave. St. 43-52 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W. Scott

(a) Residence: No. 3747 Beech Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 13, 1874

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Telephone Co 029

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland

FATHER

13. NAME William Scott

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Anna R. Stiver

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Edna H. Black
(Address) 3747 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 26, 1932

19. UNDERTAKER Joseph G. Cook
(Address) 1003 W. Baltimore St.

20. FILED MAY 26 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 24, 1932

I last saw him alive on May 23 1932 death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	5/18/32
Other contributory causes of importance: Cirrhosis of Liver	5/18/32

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Hawkins, M. D.

(Address) 1 E. Randall St.
Director

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 2-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80028

E 80028

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 4-25

2-FULL NAME Josephine Guercio

(a) RESIDENCE NO. 211 Pearl ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent Guercio

6 DATE OF BIRTH (month, day, and year): Jan 16 - 1857

7 AGE — Years: 75 — Months: 4 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Scazzo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna Anzino

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Hospital

(Address) .....

15 Filed ..... 192 ..... Director Registrar

6 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Zeltzer, M. D. Coroner

5/25, 1932 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 27 1932

20 UNDERTAKER: Frank V. Pistone — ADDRESS: 2015 Eastern

Huntington Williams, M.D. Director

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

80029

HEALTH DEPARTMENT—CITY OF BALTIMORE

80029

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH — Mercy Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-56 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Vincent L. Metassa

(a) Residence: No. 2802 Kate Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Louise Matassa

6. DATE OF BIRTH (month, day, year) Dec 12, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
30 yrs	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Luigi Matassa

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mariana Zito

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mem. Cathedral Date May 28. 1932

19. UNDERTAKER Francis V. Pikitone
(Address) 218 E. Baltimore St

20. FILED ....., 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 5/24. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/12/32. 1932 to 5/24 1932

I last saw him alive on 5/24. 1932 Death is said to have occurred on the date stated above, at 10.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Lung Abscess following Tonsilectomy	- 2 wks
2) Streptococcic Cellulitis	
Other contributory causes of importance: Streptococcic Cellulitis of left ch. wall.	- 1 wk.

Name of operation Incision & drainage Date of 5/20/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Earl L. Chambers M. D.

(Address) Mercy Hosp. Baltimore Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 80030 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80030

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Patapsco St. 23-34 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Sebastian Stumpf

(a) Residence: No. 1708 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write which word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria E Stumpf

6. DATE OF BIRTH (month, day, year) Jan 31 1845

7. AGE: Years 87 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Martin Dreyer
(Address) 1708 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 49½ Date 5/28 1932

19. UNDERTAKER E T B Harker
(Address) 115 E First St.

20. FILED ..... 19..... Registrar.

Hunting Park Willow Hill N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to May 24, 1932

I last saw him alive on May 24 1932 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance:	
Coronary Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Schenuch M. D.

(Address) 1337 S. Chester St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 80031

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80031

CERTIFICATE OF DEATH

92-001

Registered No. 26-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6303 Dietz Ave. Raspeburg St., ... Ward)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma C. Clas

(a) Residence: No. 6303 Dietz Ave. (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Clas

6. DATE OF BIRTH (month, day, year) June 28, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Suhl (State or country) Germany

FATHER

13. NAME Christopher Wackus

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Ritberger

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Charles J. Clas

(Address) 6303 Dietz Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date May 27, 32

19. UNDERTAKER Frederick Lansdale Son

(Address) 7401 Belair Road

20. FILED May 28 1932 19 A. [illegible] Registrar

Huntington Woods, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to May 25 1932

Last saw h[illegible] alive on May 24 1932 Death is said to have occurred on the date stated above, at 2:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Mitral Regurgitation
Cardiac Arrhythmia

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Gustave A. Utz, M. D.

(Address) Arcola

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80032 Spec. 1-10-21—M&C—1500 Blks.

E 80032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Rose Street ST.) 6-10 WARD)

2-FULL NAME Dolores . Kosmicki

(a) RESIDENCE NO. 25 N. Rose Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 14 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	12	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph . Kosmicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Veronica . Abremski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Joseph . Kosmicki Father

(Address) 25 N. Rose Street

15 Filed MAY 26 1932 16 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 19 32

17 I HEREBY CERTIFY, That I attended deceased from 5/25/32, 19 , to 5/26/32, 19 ,

that I last saw her alive on 5/26/32, 19 ,

and that death occurred, on the date stated above, at 12 30 Am.

The CAUSE OF DEATH* was as follows:

Ileo colitis

Typh not determined

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Widal Exp

(Signed) Leland S. Siegler, M. D.

, 1932 (Address) 316 S. Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	May 27 1932

20 UNDERTAKER John M. Weber ADDRESS 401 S. Chester St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 80033 1-2 [illegible] 00 B—50L

E 80033

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Essex St ST., 1-3 WARD)

2-FULL NAME Michael Kutz

(a) RESIDENCE NO 2230 Essex St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josefa Kutz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Josefa Kutz
(Address) 2230 Essex St

15 Filed MAY 25 1932 Huntington Ave Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) H. O. Herzog M. D., M. D.
Coroner

May 25, 1932 (Address) 3057 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL May 27-1932

20 UNDERTAKER M. F. Sadowski ADDRESS 1740 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80034 E 80034

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital 93-003

CITY OF BALTIMORE: (No. 1000 Eutaw Ave. St., 16-68 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Kohlhepp

(a) Residence: No. 2750 Regan Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Fannie Kohlhepp

6. DATE OF BIRTH (month, day, year) Sept 21 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hostler 2nd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Kohlhepp
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL MAY 28 1932
Place Druid Ridge Date ... 19...

19. UNDERTAKER Geo. W. Little
(Address) ...

REMOVAL PERMIT

20. Filed ... 19... Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932 to May 25, 1932

I last saw him alive on ..., 19... death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bilateral	5/20/32

Other contributory causes of importance:

Gen'l Arteriosclerosis —	1931
Myocardial Deg & Decomp	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Robt Stevens, M. D.
(Address) St Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80035 E 80035

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 W. Barre St. St. 21-24 Ward) 81

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Kate Brown,

(a) Residence: No. 1050 W. Barre St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph E. Brown,

6. DATE OF BIRTH (month, day, year) October 6, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Charles O Brown

(Address) 1050 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date MAY 28 1932

19. UNDERTAKER Geo M Little

(Address) 2700 Edmondson Ave.

20. FILED MAY 26 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 25 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 25, 1932

I last saw h[illegible] alive on May 15 1932 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	
Hemorrhage	
of Brain	

Other contributory causes of importance: Senile Blood Pressure & Hardening of Arteries

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C C Ethell M. D.

(Address) 1907 Garrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80036 ✓ L 80036

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lela Lerum

(a) Residence: No. 2306 Rayner Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Lerum

6. DATE OF BIRTH (month, day, year): 1900

7. AGE: Years 32 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. (Total time (years) spent at this occupation)

12. BIRTHPLACE (city or town) (State or country): Lequbritis N.C.

FATHER
13. NAME: John McPhee
14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER
15. MAIDEN NAME: Mulkins
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: John Lerum
(Address): 2306 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lumberton, N. C. Date: 5/26/32

19. UNDERTAKER: Mrs. George R. Holland
(Address): 1619 Edmondson Ave. Huntington Mutual, Inc.

MAY 26 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above at pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Uremia	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Falk, M. D.
(Address) Coroner, Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80037 E 80037

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Milton ave St. 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary L. Wooden

(a) Residence: No. 2400 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Wooden.

6. DATE OF BIRTH (month, day, year) Feb. 3rd 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert Francis

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Daniells

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Wooden

(Address) 116 Milton Ave

18. BURIAL, CREMATION OR REMOVAL

Place ~~Oak Lawn~~ Baltimore Date 6/28 1932

19. UNDERTAKER Jos. W. Zickler

(Address) 1737 E. Lexington St.

20. FILED MAY 26 1932 Huntington Woodlawn, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to May 26 1932

I last saw her alive on May 26 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	
Nelson —	
Other contributory causes of importance:	
Cerebral Apoplexy.	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis Krauss M. D.

(Address) 5 West Lexington St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80038

CERTIFICATE OF DEATH

93-8

E 80038

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18-24 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... dis. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edward Lee

(a) Residence: No. 109 ~. Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) Sept. 10, ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 ?	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Henderson N.C.

MOTHER

15. MAIDEN NAME Sophie ?

16. BIRTHPLACE (city or town) (State or country) Henderson N.C.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date May 26 1932

19. UNDERTAKER Kate R. Williams

(Address) [illegible]

(Date) MAY 28 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932 to May 24, 1932

I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	Jan 1932
Other contributory causes of importance: Hypertension	unk

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jas. Glennon Jr. M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2108

E 30039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30039

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Wens

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16th 1867

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Wens

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Catherine Roth

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 27, 1932

19. UNDERTAKER Ryle Medford
(Address) 914 Greenmount Ave

Huntington Williams, M.D.
Registrar.
Director

MAY 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jul 5 1932, to May 26 1932

I last saw her alive on May 25 1932. death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intest Enteritis	3

Other contributory causes of importance:

Senility (last)	3 mos.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. McCarthy, M. D.

(Address) 114 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30040

CERTIFICATE OF DEATH

159

E 30040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. Henrietta 21st Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Parker

(a) Residence: No. 116 W. Henrietta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Parker

14. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

MOTHER

15. MAIDEN NAME Cassie Wallace

16. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

17. INFORMANT (Address) Albert Parker 116 W. Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 26 1932

19. UNDERTAKER
(Address)

20. FILED MAY 26 1932 Huntington Williams, M.D. Registrar. C. P. H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25th, 1932 to May 25th 1932
I last saw him alive on May 25, 1932 death is said to have occurred on the date stated above, at 10P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

N/A Fuss	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis B. Krouse Jr. M. D.
(Address) 1501 Hoff St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 80041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80041

CERTIFICATE OF DEATH

+ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Burkett

(a) Residence: No. Camp Meade, Annex Cradle 6 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infantry

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carry Penn.

FATHER

13. NAME Jacob Burkett

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ann

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Bernard Burkett

(Address) Corry, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Camp Meade, Md. Date 5/26, 1932

19. UNDERTAKER Fred K. A. Cole

(Address) 700 W. Lombard St

Huntington Williams, N.D.

Y 261932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19... to ..., 19...

I last saw h... alive on Injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	5/24/32
Other contributory causes of importance: Struck by automobile	5/24/32

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/24/1932

Where did Injury occur? Fayette nr. Pulaski St (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Street, Cradle 1

Manner of Injury Struck by automobile

Nature of Injury ✓

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny, M. D.

Coroner

(Address) 220 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004. V

E 80042

CERTIFICATE OF DEATH.

E 80042

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1525 Gorsuch Ave 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm George P Crate

(a) RESIDENCE NO. 1525 Garrison ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~the late~~ Bertha Crate

6 DATE OF BIRTH (month, day, and year) Dec 2. 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	85	✓	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of Industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Frederick K Crate

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Brandt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Charles A. Crate

(Address) 1448 Homestead St

15 ~~Huntington Williams~~ Registrar

MAY 28 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 May 26 1932 a.m.

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to May 26, 1932, that I last saw him alive on May 25, 1932, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M.D.

5/26 1932 (Address) 3858 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — Date of Burial 5/28/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 80043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80043

CERTIFICATE OF DEATH.

144-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Ridgehill ave ST., 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elva Mabel Hoshall (Name at birth)

(a) RESIDENCE NO. 2111 Ridgehill ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of or WIFE of Clarence A. Hoshall

6 DATE OF BIRTH (month, day, and year) May 9th 1892

7 AGE — Years: 40 — Months: 0 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore County Md

PARENTS

10 NAME OF FATHER: Daniel H. Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Parkton Md

12 MAIDEN NAME OF MOTHER: Grace H. Mays

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Parkton Md

14 Informant (Address): James H. Brown Pikesville Md

15 Filed ..... 19 ..... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th 1932

17 I HEREBY CERTIFY, That I attended deceased from 5/18/32, 19 ..... to 5/25/32, 19 .....

that I last saw ~~him~~ her alive on 5th/32, 19 .....

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Normal Delivery 5/18/32

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis + Puerperal Septicemia

(duration) ..... yrs. ..... mos. 17 ds.

18 Where was disease contracted if not at place of death? Home Gilston y Mont.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Eugene Arrington, M. D.

5/25/1932 (Address) Edmondson ave + Poplar Hgts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Grove Cemetery Parkton Md

DATE OF BURIAL: May 28th 1932

20 UNDERTAKER: Wm. Cook

ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 20 1932

1-30—M. & T.—100 B—501.

E 80044

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 80044

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 W. Fraubert, Lee ST. 17-25 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Smith

(a) RESIDENCE NO. 603 W. Fraubert, Lee ST., ... WARD .....

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	42	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer University of Md. Dental School

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant U. S. V. B.

(Address) Fort McHenry Md.

15 Filed MAY 26 1932, 192 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Agnew Fellers, M. D. Coroner

5/23/1932 (Address) 3737 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 5/27/1932

20 UNDERTAKER Henry V. Dentzel

ADDRESS 1101 Edmondson Ave

MAY 26 1932

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 80045 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80045

CERTIFICATE OF DEATH

M 1002

21

Registered No. 22-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital St., Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Patrick

(a) Residence: No. 12 W. Hill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma V. Patrick

6. DATE OF BIRTH (month, day, year) Sept. 1, 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Patrick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Emma V. Patrick 2321 E. Chase

18. BURIAL, CREMATION, OR REMOVAL Place National Date 5/27/32

19. UNDERTAKER (Address) Harry H. Writzke 4016 Edmondson Ave Huntington Williams, N.P.

20. FILED MAY 28 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 , to , 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	5/17
Other contributory causes of importance:	
Auto struck electric pole	5/17

Name of operation Decompression Date of 5/24

What test confirmed diagnosis? operation. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 5/17. 1932

Where did injury occur? Liberty Hts. & Oak Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Liberty Hts. Ave.

Manner of injury Auto struck electric pole

Nature of injury Thrown out of machine

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ---

(Signed) Joseph Bhorny Coroner M. D.

(Address) 220 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80046

CERTIFICATE OF DEATH

176 E 80046

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1769 Fairmount Ave. Ward) 24

Registered No. 5446

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget Lee

(a) Residence: No. 1769 Fairmount Ave. Ward. 24

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm R. Lee

6. DATE OF BIRTH (month, day, year) 3/25/61

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Tobin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Hayes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Lee

(Address) 1769 Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 5/28 1932

19. UNDERTAKER J. Kenney Hayes

(Address) 3 W. Saratoga St.

20. FILED MAY 28 1932 Huntington Williams, M.D. Registrar

R. C. H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to May 26, 1932

I last saw her alive on May 26, 1932 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance:	
Cholelithiasis.	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 80047

E 80047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 18-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Davis

(a) Residence: No. 1126 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Nov. 30, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latherer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date 5/27, 1932

19. UNDERTAKER John J. Kaltenbach Sons
(Address) 318 Eutaw St. Huntington Williams, Inc.

Filed MAY 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to May 23, 1932

I last saw h. alive on May 23, 1932. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Disease	10 years?
Auricular Fibrillation	2-6 days?
Acute Myocardial Insufficiency + Decompensation	"
Bronchopneumonia	
Other contributory causes of importance:	
Chronic Alcoholism	? yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical signs + History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Bruce M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80048

Spec... S.—500 Bks.

E 80048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 122-002

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian Virginia Willis (4 days - C.S.-1)

(a) RESIDENCE NO. Delight Omega Mills St., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milliner

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Chestertown, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward T. Willis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Federalsburg, Md.

12 MAIDEN NAME OF MOTHER Mary N. Bradley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Centreville, Md.

14 Informant Hospital Record

(Address)

15 Filed MAY 27 1932 Huntingtor Pennsylvania, N.J.

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1932

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to May 25, 1932, that I last saw h alive on May 25, 1932 and that death occurred, on the date stated above, at 11:05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction
(Cause undetermined)

(ducation) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(ducation) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an opecation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert A. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL May 28 1932

20 UNDERTAKER Chas. E. Franck ADDRESS 502 Madison Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80049

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rosena Cure

(a) Residence: No. 1020 Hillock St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Cure

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Cure
(Address) 1021 Hillock St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/28/32 19

19. UNDERTAKER J. A. Brooks
(Address) 142 N. Carey St

20. [illegible] Huntington Williams, Reg't.

MAY 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 2.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncopneumonia	
Other contributory causes of importance:	
Cardiac Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. S. H. Price Coroner. M. D.

(Address) 508 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-71-250B

E 80050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80050

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp. St., 10-15 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Dill

(a) Residence: No. 604 E. Madison ~~Ave~~ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward G. Donnelly

(Address) 4207 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date May 27, 1932

19. UNDERTAKER Chas. F. Sindel

(Address) 44 E. Lafayette St.

Huntington Williams, N.D.

MAY 27 1932

Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 24, 1932

I last saw ~~him~~ alive on May 24, 1932 death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cardiovascular disease	?

Other contributory causes of importance:

Senile Gangrene Chronic myocardial failure	Weeks

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Gardner M.D.

(Address) St. Joseph Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80051

M. D. B. 1565-A

E 80051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

26/80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 12-50 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Feeney

(a) Residence: No. 204 Brentwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-1-6 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herbert Feeney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marion Feeney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Not taking Date May 22, 1932

19. UNDERTAKER Mrs. P. C. Elliott
(Address) 722 Lombard Ave. Huntington Williamsport, Md.

FILED MAY 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-21-1932 to 5-25-1932

I last saw h[illegible] alive on 5-25-1932 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis — Date of onset 5-5-32

Other contributory causes of importance:

Pulmonary Tb. — 7 months ago

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80052

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 W. Lexington St.) (Hospital) 21 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter L. Sheppard

(a) Residence: No. 817 W Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year): 1922

7. AGE: Years 10 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: John L Sheppard

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Eliza Winton

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Elizabeth Sheppard

(Address) 664 Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5-8-1932

19. UNDERTAKER: David Easton

(Address) 746 Pa Ave

20. FILED MAY 27 1932 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Poisoned by Aluminating gas. Accidental death

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene Zellers, M. D.

Coroner

5/27/32 Address 739 Eastern Ave

information should be carefully supplied. Note: It may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 80053

E 80053 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 W. Lexington St.) (Ward) 46-26

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert D. Wilson

(a) Residence: No. 817 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Wilson

6. DATE OF BIRTH (month, day, year): 1884 1873

7. AGE: Years 50 57 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Maggie Wilson

(Address) 817 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5-28 1932

19. UNDERTAKER: Daniel Easton

(Address) 96 Pa ave.

20. FILED: May 29 1932 Huntington Whitelaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Poisoned by illuminating gas. Accidental death

Date of onset: 5-24-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gilbert, M. D. Coroner

(Address) 329 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80054

E 80054 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead by Dr. Leon Horka

CITY OF BALTIMORE: (No.) 4700 Pennington Ave ST. (or) WARD

2-FULL NAME Irene V. Wilkins

(a) RESIDENCE NO 407 Fonthill Ave., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Detroit, Mich
(State or country)

PARENTS

10 NAME OF FATHER Harold Wilkins

11 BIRTHPLACE OF FATHER (city or town) Worchester Mass.
(State or country)

12 MAIDEN NAME OF MOTHER Viola Lamoine

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn N.Y.
(State or country)

14 Informant Harold Wilkins
(Address) 407 Fonthill Ave.

15 Filed ..... 192 ..... Registrar

MAY 2 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Fell out of moving automobile

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Stoney Creek Rd nr Fairmount

Did an operation precede death? No Date of Ans Amelle C.

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny Coroner M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Worchester Mass.

DATE OF BURIAL May 2 1932

20 UNDERTAKER Fred A. Wanerstrom

ADDRESS 703 S Hanover

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F E 80054

X 210-002

Spec. 2-29-23—L. F. S.—500 Bks.

E 80055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓ E 80055

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. Schroeder ST., 16-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Kroeger

(a) RESIDENCE NO. 100 S. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery 034

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Louis Kroeger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Margueding

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Kate C. Kroeger

(Address) 100 S. Schroeder St.

15 Filed MAY 27 1932 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to May 25, 1932, that I last saw her alive on May 25, 1932, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. Harbaugh Keech, M. D.

5/26, 1932 (Address) 2502 Calverton Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

UNDERTAKER: Joseph B Cook

DATE OF BURIAL: May. 27 1932

ADDRESS: 1003 West Baltimore St.

Director

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Information must be given in plain terms, so that it may be properly classified.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80056

E 80056

CERTIFICATE OF DEATH

131V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. W. of ..... Ward)

Length of residence in city or town where death occurred 51 yrs. 6 mos 12 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. M. Klopfel

(a) Residence: No. 1924 W. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 14th 1881

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	50	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Herman Klopfel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Wallenscheidt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Klopfel
(Address) 1924 W. Balto. St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/28/32

19. UNDERTAKER Geo. Huber's Son
(Address) 2503 Edmondson Ave

20. FILED MAY 27 1932 Huntington Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1932, to 5-26 1932

I last saw him alive on 5-26 1932 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	8 hrs.
Hemiplegia - right.	
Myocardio vascular disease & hypertension	6 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles E. Cates, M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

80057.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80057.

CERTIFICATE OF DEATH.

131 V

1-PLACE OF DEATH 1815 E. Biddle St.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1815 ST. E. Biddle WARD 8-13)

2-FULL NAME Mary M. Redding

(a) RESIDENCE No. 1815 E. Biddle ST., WARD 8-13
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced (or) WIFE of Harry Redding

6 DATE OF BIRTH (month, day, and year) Jan. 16 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Carroll Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Warner

11 BIRTHPLACE OF FATHER (city or town) near New Windsor
(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Fisher

13 BIRTHPLACE OF MOTHER (city or town) near New Windsor
(State or country) Md.

14 Informant John Runkelman
(Address) 1217 N. Gay St.

15 Filed MAY 27 1932, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1932

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 27, 1932, that I last saw h[illegible] alive on May 26, 1932, and that death occurred, on the date stated above, at 7 15 A. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) chr. nephritis hypertension, arteriosclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) L. C. Holland, M. D.

May 27, 1932 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL May 30 1932

20 UNDERTAKER C. M. Watts, Mgr. — ADDRESS Fork, Md.

MAY 27 1932

NOTICE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80058

CERTIFICATE OF DEATH

23

E 80058

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Virginia Ave ST. 27-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Fred. Schulz

(a) RESIDENCE NO. 3019 Virginia Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if foreign birth? 39 yrs. ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Schulz

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer) Shipping

(c) Name of employer Matson Navigation Co.

9 BIRTHPLACE (city or town) (State or country) Mohringen, Germany

PARENTS

10 NAME OF FATHER William Schulz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Brandner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Schulz (Wife)

(Address) 3019 Virginia Ave

15 Filed MAY 27 1932 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932 to May 26 1932

that I last saw him alive on May 25, 1932

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(doration) 3 yrs. ~~mos.~~ ~~ds.~~

CONTRIBUTORY (Secondary) (doration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence.

(Signed) Geo. B. Hyberl, M. D.

19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 28th 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

DO NOT USE THIS SPACE

IN CASE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Read statement of OCCUPATIONS on back important. See instructions on back of certificates.

M. D. B. 1268-9

No Mitchell 2112 Mt Ave Aug 1906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80059

E 80059

CERTIFICATE OF DEATH

93-003 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Frisby St. 9-47 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Higgins

(a) Residence: No. 3925 Frisby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Judge Samuel Higgins

6. DATE OF BIRTH (month, day, year) Mar 8th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seaford Delaware

FATHER

13. NAME Alfred Wright

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Margaret A. Brown

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs John S. Holland

(Address) Robinson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 5/27 1932

19. UNDERTAKER Wm C. Cook

(Address) 1217 E. Fairmount Ave

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15th 1931 to May 25 1932

I last saw h[illegible] alive on May 25 1932. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis and Chronic Cystitis	1925

Other contributory causes of importance:

Coronary Thrombosis	5/25/32

Name of operation - Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80060 E 80060

CERTIFICATE OF DEATH

Registered No. 157-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: No. Bon Secours Hospital Ward 3352

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Myron Harold McCubbin

(a) Residence: No. 3846 Remington Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 14, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Myron A McCubbin
14. BIRTHPLACE (city or town) (State or country) Port Gibson Miss

MOTHER
15. MAIDEN NAME Rosa Frizzell
16. BIRTHPLACE (city or town) (State or country) Port Gibson Miss

17. INFORMANT Wm A McCubbin
(Address) 3846 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Mount Date 5/27 1932

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED ... Registrar. Huntington Williams M.D. Director.

MAY 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to May 26, 1932
I last saw h. alive on May 26 1932 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Microcephalus (congenital)	Birth

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wilhelm G. Lucas M. D.
(Address) Med Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80061

E 80061 —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1913 Guilford Ave ST. 12-19 WARD)

2-FULL NAME Schuyler C. Hatfield

(a) RESIDENCE NO 1913 Guilford ave. ST., ... WARD Du Quoin, Illinois
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B. Hatfield

6 DATE OF BIRTH (month, day, and year) April 18, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired President
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hatfield Resiliant Wheel Co.

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER David D. Hatfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Jane Marcan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Miss Bernice Hatfield

(Address) 1913 Guilford Ave.

15 Filed MAY 27 1932 192 Huntington Williams, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Morrison Coroner, M. D.

5/26 1932 (Address) 5432 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL May 27, 1932

20 UNDERTAKER E. Leroy Stiller, Inc. — ADDRESS 1256 North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-2

E 80062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80062

CERTIFICATE OF DEATH

48v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2115 N. Fulton St. 15-55 (Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 72 yrs. 3 mos. 11 ds.

2. FULL NAME Mary Elizabeth Smith

(a) Residence: No. 2115 N. Fulton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James E. Smith

6. DATE OF BIRTH (month, day, year) about Feb. 11 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Towson (State or country) Maryland

FATHER

13. NAME James Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cronin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Carroll (sister) 2115 N. Fulton Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date May 28 1932

19. UNDERTAKER Stewart Mortuary

(Address) Huntingtown, Williams N.Y.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to May 26 1932

I last saw her alive on May 24 1932 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1931

Other contributory causes of importance: Senile arteriosclerosis

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Gustavus C. Dohme M. D.

(Address) 3014 St Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 80063

E 80063 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Scott St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 64 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Riley

(a) Residence: No. 705 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Riley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose McDonald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Katie Miller
(Address) 705 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5-30 1932

19. UNDERTAKER Bernard Starke
(Address) 1000 E Pratt St

20. FILED 5-27-1932 Huntingtown Williams Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/1/32, 19 , to 5/26/, 1932

I last saw h alive on 5/26 1932 death is said to have occurred on the date stated above, at 9 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ismael J. Lamb, M. D.

(Address) 910 W. Lombard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 71932

Spec.—1-30—M.A.T.—250 Bks

E 80064

E 80064

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001

CERTIFICATE OF DEATH.

10-14

1-PLACE OF DEATH 1233 Webb St.

CITY OF BALTIMORE. (No. ~~Bond~~ 1233 Webb ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Chambers

(a) RESIDENCE No. 1233 Webb Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver Chambers

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thos Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Lottie Gross 1408 Ashland Ave

15 Filed MAY 27 1932 19 Huntington Pettus Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25, 32

17 I HEREBY CERTIFY, That I attended deceased from May 19, 32 to May 25, 32

that I last saw h[illegible] alive on May 25, 32

and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Nephritis (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure (duration) x yrs. mos. dg.

18 Where was disease contracted if not at place of death? Balto, Md.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Emanuel Bryn M. D.

May 27, 19 32 (Address) 1024 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: May 28 19 32

20 UNDERTAKER: Lottie Gross

ADDRESS: 1408 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80065

E 80065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 S. Kresson St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Noha

(a) Residence: No. 33 S. Kresson St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Noha

6. DATE OF BIRTH (month, day, year) Sept. 25-1850

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	81	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Noha

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francisca Gross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Maria
(Address) 33 S. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 28 1932

19. UNDERTAKER Lilly & Reiter Inc.
(Address) 423 N. Wolfe St.

20. FILED MAY 27 1932 Huntington Williams, M.D.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/1/32, 19..., to 5/25/32, 19...

I last saw h... alive on 5/24/32, 19... death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset
Arterial Hypertension
Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel Strahus, M. D.

(Address) 316 Park Pl.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80066

E 80066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH Baltimore City Hospitals 26-37

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Florian

(a) Residence: No. 735 Oldham St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year) Nov. 14, ?

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47?	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Court House

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Frank

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Sophia ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL — Place: Interment Cem. Date: May 30, 1932

19. UNDERTAKER (Address): Jos. Stenzel 38 S Broadway

FILED MAY 27 1932 Hunter H. Williams Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to May 26, 1932

I last saw him alive on May 26, 1932 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema ? Pleura - more than	2 wks.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Edmonds M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80067

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80067

CERTIFICATE OF DEATH

+ 45

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 4 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Chas Evans

(a) Residence: No. Chesapeake Beach Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 15-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

FATHER

13. NAME George W. Evans

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Nellie ?

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 27, 1932

19. UNDERTAKER
(Address)

20. FILED MAY 27 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1932, to 5-26, 1932

I last saw h. alive on 5-26 1932 death is said to have occurred on the date stated above, at 1.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Jaw	?
Arteriosclerosis &	
Cardio-Vascular Renal	
disease	
Other contributory causes of importance:	
Bronchopneumonia	5-21-32

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ....., 19.....

Where did injury occur? ?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify

(Signed) Emmett Cole, M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80068 Lapa ✓ E 80068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md St. 5-E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Frank R. Lapa

(a) Residence: No. 127 Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lapa ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Balto. City Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date 5-28-1932

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

FILED MAY 27 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1932 to 5-26-1932

I last saw him alive on 5-26-1932 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Several years
congestive	5-1-32
Other contributory causes of importance: Cirrhosis of the liver	unknown

Name of operation Physical & Date of —

What test confirmed diagnosis Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

5-26-32 If so, specify —

5-27-32 (Signed) Chas. H. Liberty M. D.

(Address) Balto. City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

E 80069

E 80069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 425 Fayette & Calhoun St., Ward)

Length of residence in city or town where death occurred 1 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Brock

(a) Residence: No. 510 W Fayette St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) About 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayette Co Pa

FATHER

13. NAME Conner Brock

14. BIRTHPLACE (city or town) (State or country) Fayette Co. Pa

MOTHER

15. MAIDEN NAME Mary Cornell

16. BIRTHPLACE (city or town) (State or country) Washington Co Pa

17. INFORMANT Mrs Neal Frost
(Address) 1 x Oakland Ave Uniontown, Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Uniontown, Pa Date May 29, 1932

19. UNDERTAKER J. M. Dickson & Sons
(Address) Uniontown Pa

MAY 27 1932

Huntington Williams, M.D.
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to May 27, 1932

I last saw him alive on May 27, 1932 death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinomatosis
(Seat of primary growth not determined)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an aptopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldred Roberts, M D

(Address) Fayette & Calhoun St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 80070 ✓ E 80070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No. 12-49

CITY OF BALTIMORE: (No. 309 Birkwood Pl. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Rose McCormick

(a) Residence: No. 309 Birkwood Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Wm H. McCormick

6. DATE OF BIRTH (month, day, year) April 18, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME James H. Brown

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

MOTHER

15. MAIDEN NAME Mary A. Jenkins

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mr. Wm H McCormick (Address) 309 Birkwood Place

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 28. 1932

19. UNDERTAKER Wm McKeever Sons (Address) Noble & Reaves

20. FILED MAY 27 1932 Huntington Ave Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25 1932 to May 26 1932

I last saw h alive on May 26 1932 Death is said to have occurred on the date stated above, at 12.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William A. Leyton M. D.

(Address) 2624 St. Paul St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80071

CERTIFICATE OF DEATH

93 E 80071

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 4-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Anderson

(a) Residence: No. 702 W. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Cusie Anderson

6. DATE OF BIRTH (month, day, year) 8/12/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	51		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co.
(State or country) Md.

FATHER

13. NAME John Anderson

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Sugar

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date May 27, 1932

19. UNDERTAKER Joseph A. Lasky
Address 1620 Mount St.

20. FILED ... 1932 Huntington Wellman, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/8/31, 19.., to 5/25/32, 19.... I last saw him alive on 5/25/32, 19.... Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Hypertension & Myocarditis, chr.	More than 1 year

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19....

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jas. H. Lowe Jr. M. D.

(Address) City Hosp

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 80072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 E 80072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4607 Roland ave. St., RP. 27-53 Ward.)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? 73 yrs. mos. ds.

2. FULL NAME Hanne Robbins

(a) Residence: No. 4607 Roland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie LePage Hough

6. DATE OF BIRTH (month, day, year) June 3 - 1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	3	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Charles D. Robbins

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Ida Blake

16. BIRTHPLACE (city or town) (State or country) Foxchase Pa.

17. INFORMANT Wife

(Address) 4607 Roland ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Old Hurst Date 5-28. 1932

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) Oxford Pa. Eutaw & Huntington Aves. Baltimore, Md.

20. FILED MAY 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.26. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5.20. 1932 to 5.26 1932

I last saw h him alive on 5.26. 1932 death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage due to a fall on floor.	5.20.32
(By Coroner J. Thomas)	
Other contributory causes of importance:	
a severe fall on floor- due Grand Mal.	5.20.32

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 5.20. 1932

Where did injury occur? 1st. floor home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at Home

Manner of injury a fall hitting back of head

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? Y If so, specify

(Signed) James C. Clarke, M. D.

(Address) Catonsville Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80073 E 8007?

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Northern Pkway St. 27 (Overlea) Ward 47)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Barth

(a) Residence: No. 3716 Northern Pkway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 4/73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	—	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Several years

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Louis Barth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs M. Barth
(Address) 3716 Northern Pkway

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 5/27 193

19. UNDERTAKER Philip Hennig
(Address) 1816 Eutaw St

27 1932 Huntington Williams, M.D.
Registrar.
(Date) (Registrar) Director of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to May 25 1932

I last saw h... alive on 5/20 1932. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Oppaenidoy) Primary ?	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. W. Golby M. D.

(Address) 5103 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give NAME OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80074

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-50 Ward) 11-7-00

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F Hoyle

(a) Residence: No. 304 E. 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anne Hoyle

6. DATE OF BIRTH (month, day, year) Feb. 6 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	45	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forwarding Co

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William F. Hoyle

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Emma ~~Hoyle~~ Kehoe

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date May 30 32

19. UNDERTAKER Chas H. Grace & Son
(Address) 1600 Roland Ave

27 1932 Huntington Williams Corp.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/19 1932 to 5/27 1932

I last saw him alive on 5/27 1932 Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Ulcer	5 months
Other contributory causes of importance:	
Peritonitis	4 days

Name of operation Gastro Enterostomy Date of 5/23/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Gordon M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80075

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 24-35

CITY OF BALTIMORE: (No. 1431 Decatur St. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard J.Byron.

(a) RESIDENCE NO 1431 Decatur St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 18, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	0	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles H.Byron.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington, Del.

12 MAIDEN NAME OF MOTHER Olga Jonsen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Olga Byron.(mother)
(Address) 1431 Decatur St.

15 Y 271932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Occidentally smothered under bed-clothes.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature], M. D. Coroner

5/27/32 (Address) 017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 5/28 1932

20 UNDERTAKER [illegible]

ADDRESS 618 E. Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

80076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80076

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 18-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Devine

(a) Residence: No. 361 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	76	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... Lumber mill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME John Devine
14. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER

15. MAIDEN NAME Anna ?
16. BIRTHPLACE (city or town) (State or country) Baltimore.

17. INFORMANT Carrie Bare
(Address) 361 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 20, 1932

19. UNDERTAKER Frederick L Cole
(Address) 1918 W Lombard St

20. FILED MAY 27 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19... to ..., 19...
I last saw him alive on Inquiry, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured pelvis	
Fractured left femur & tibia	5/17/32
Bronchopneumonia	

Other contributory causes of importance:

Shock from accident	5/17/32

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 17, 1932
Where did injury occur? alley rear of 1824 W Franklin St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Parked Auto Pole box & ran over him
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
No If so, specify ...

(Signed) Joseph Pokorny, M. D.
Coroner
(Address) 22 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80077

CERTIFICATE OF DEATH

93-803

E 80077

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2819 N. Calvert ST. 12-50 (WARD)

2-FULL NAME Carrie Nadenbousch

(a) RESIDENCE No. 2819 N. Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Nadenbousch

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Felix Spice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs. Margaret R. Ellis

(Address) North Mountain, W. Va.

15 Filed MAY 27 1932 Huntington Williams, N.D. Registrar A. E. S. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leland Bond, M. D. Coroner

May 27 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 5/28 1932

20 UNDERTAKER H. W. Means & Son

ADDRESS 2 S. N. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 250B

E 80078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80078

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Smallwood St. Ward) 10-69

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil A. Batzer

(a) Residence: No. 419 S. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Batzer

6. DATE OF BIRTH (month, day, year): July 17-1880

7. AGE: Years 51 | Months 10 | Days 8 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER FATHER

13. NAME: John F. Batzer

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Augusta Beyer

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Catherine Batzer

(Address): 419 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Jan 28, 1932

19. UNDERTAKER: George L. Wohlfart

(Address): 2101 Eutaw Pl. Baltimore, Md.

Huntington Williams, M.D. Registrar

JAN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to July 27, 1932

I last saw him alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 4 1/2 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Orthanisis
Arteriosclerosis

Date of onset: 4 days

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation: clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Harwood Kelly M. D.

(Address) 727 Wash St

Rule CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80079 ✓ E 80079

CERTIFICATE OF DEATH

159

Registered No. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M Folk

(a) Residence: No. 2601 Annapolis Road St. Westport Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Stanley Folk

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Catherine Glatthaar

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Stanley Folk
(Address) 2601 Annapolis Road.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 28. 1932

19. UNDERTAKER [illegible]
(Address) Huntington Avenue

[illegible] 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.15 m. A. M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Bauer M. D.
Coroner

(Address) 508 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80080 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80080

CERTIFICATE OF DEATH

Registered No. 207

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto. Hosp St., 16-22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Holmes
(a) Residence: No. 920 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary W. Holmes

6. DATE OF BIRTH (month, day, year): Sept 29 1858

7. AGE: Years 73 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Night Watchman
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: Harlem Brew. Store
10. Date deceased last worked at this occupation (month and year): 6 mo
11. Total time (years) spent in this occupation: 6 mo

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Samuel Holmes
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: Anna Parzuk
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Edgar Holmes
(Address): 920 N. Payson

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem Date: May 30. 1932

19. UNDERTAKER: Henry W. Eshleman
(Address): 1 E. Mulberry Pikesville, Md

20. FILED: MAY 31 1932 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h... alive on ..... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death	Date of onset
Accident struck by Penna RR Train		
Fractured Pelvis		
Contusions & Head & Shock.	12 hours	

Other contributory causes of importance: .....

Name of operation ..... Date of ..... Was there an autopsy? No.
What test confirmed diagnosis? Required
If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....
Where did injury occur? Tracks of Penn RR (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leech Coroner M. D.
(Address) .....

Spec.—1-30—M. & T.—250 Bks.

E 80081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80081

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2719 Fenwick Ave ST., 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Lamb.

(a) RESIDENCE NO. 2719 Fenwick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hamett A Lamb

6 DATE OF BIRTH (month, day, and year) May 2 64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Chas. Lamb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Hamett Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis

14 Informant Bessie Seidel

(Address) 2719 Fenwick Ave

15 Filed 5 28 1932, 19 Huntington Williams M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/32

17 I HEREBY CERTIFY, That I attended deceased from 9-27, 1929, to 5-26, 1932,

that I last saw him alive on 5-25, 1932,

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis and Endocarditis

Chronic nephritis

(duration) About 2 years mos. ds.

CONTRIBUTORY (Secondary) Chronic cardiac hypertrophy Dilatation (duration) About yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Wm. B. Gilbert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Anns Cem.

DATE OF BURIAL May 29 1932

20 UNDERTAKER Annapolis

ADDRESS

Geo M. Frick Son

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 80082

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4216 Penhurst Ave (St.) 28 (Ward) 63

Length of residence in city or town where death occurred 64 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elsie Udick

(a) Residence: No. 4216 Penhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wm L. Udick

6. DATE OF BIRTH (month, day, year) May 17, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles A. Kerler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie E. Driedhuser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm L. Udick

(Address) 4216 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 28 1932

19. UNDERTAKER Wm J Rechter Sons

(Address) North & Pennsylvania Ave

20. FILED 28 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1920 to date of death

I last saw h alive on May 25 1932 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lung gangrene 1° Chronic Bright's Disease (Nephritis)	1922

Other contributory causes of importance:

Hypertension, Anaemia, Cardiac dilatation

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, (specify)

(Signed) Pinckney Lee Sands M. D.

(Address) 824 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80083

CERTIFICATE OF DEATH

E 80083

1. PLACE OF DEATH Baltimore City Hospitals 97

CITY OF BALTIMORE: (No. 1200 Baltimore St., 13 Ward)

Registered No. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall L. Spicer

(a) Residence: No. 3543 Kenrick Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence Spicer

6. DATE OF BIRTH (month, day, year) Jan 26 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 62	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Royal Virginia

FATHER

13. NAME Benjamin Spicer

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Santmeyer

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records (Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 31 1932

19. UNDERTAKER Walter Davis (Address) 3427 Eastern Ave.

Huntington Mills Registrar.

Y 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27. 1932.

22. I HEREBY CERTIFY, That I attended deceased from 5-17-32. 19... to 5-27 1932

I last saw him alive on 5-21 1932 Death is said to have occurred on the date stated above, at 1.07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	5/27/32
Malnutrition	
Other contributory causes of importance:	
General Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry Friedgood M. D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

E 80084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2939 Westwood Ave ST. | 15-57 WARD | REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Neser Schmidt

(a) RESIDENCE NO. 2939 Westwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 24, 1932

7 AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Louis Raymond Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary A Neser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Louis R Schmidt

(Address) 2939 Westwood Ave

15 Filed MAY 28 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1932

17 I HEREBY CERTIFY, That I attended deceased from May 24 1932 to May 27 1932

that I last saw h[illegible] alive on May 27 1932

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Maurice Mill, M. D.

5/27 1932 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 28 1932

20 UNDERTAKER: Margaret S. Flynn — ADDRESS: 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80085

CERTIFICATE OF DEATH

E 80085

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 9-46 St., 107 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Wise

(a) Residence: No. 1737 Abbittison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jenny

6. DATE OF BIRTH (month, day, year) Jan. 28, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Hosp.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ? 06

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Mary Lines

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Con Date May 30 1932

19. UNDERTAKER John Leeds

(Address) 2000 Eilean

FILED MAY 28 1932 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to May 26, 1932

I last saw him alive on May 26, 1932 Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/20/32
Cellulitis L. arm	5/22/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas G Kinnaird Jr. M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80086

CERTIFICATE OF DEATH

82 E 80086

Registered No. 25-37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. ..... Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d

2. FULL NAME Sophie Harrison

(a) Residence: No. 331 S. Conkling St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Frank Harrison

6. DATE OF BIRTH (month, day, year) July 14/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry From

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Kathetine Gollenhor

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT J. Frank Harrison

(Address) 331 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 31, 1932

19. UNDERTAKER John Wenck & Co

(Address) Huntington Avenue, N.Y.

28 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19...

I last saw h... alive on ... 19 ... Death is sa...

to have occurred on the date stated above, at 10.40 m P.M.

The principal cause of death and related causes of importance were as follows:

Date of ons...

Cerebral Hemorrhage(Apoplexy) 8 hr...

Other contributory causes of importance:

Arteriosclerosis

Hypertension 8 yr...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in publ... place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased ... If so, specify ...

(Signed) J. J. Rosen M. D. Coroner

(Address) 508 E. Fayette

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80087

105 E 80087

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 7-2 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Baldwin

(a) Residence: No. 3406 Leverton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 30/1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME William Baldwin
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Bertha Hawkins
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bethel Baldwin
(Address) 3406 Leverton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 30, 19 32

19. UNDERTAKER J. H. Miller & Son
(Address) 233 N. Jefferson St

MAY 28 1932 Huntington Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to May 28, 1932

I last saw him alive on May 28, 1932 death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus naso-pharyngo-laryngitis	5/21/32
Other contributory causes of importance: Acute Myocarditis	5/27/32
Mongolian Idiocy	life

Name of operation none Date of

What test confirmed diagnosis? Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranski, M. D.
(Address) Lyden Hospital

Spec.—6-9-19—H. P. Co.—1000 Rks.

80088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80088

CERTIFICATE OF DEATH.

99 ✓

REGISTERED NO. 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 404 E. 22nd ST.: 12 WARD

2-FULL NAME Holbrook Whitehead

(a) RESIDENCE. NO. 404 E. 22nd ST., 12 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of [redacted] Eliza Jane (Woods)

6 DATE OF BIRTH (month, day, and year) 8/16/1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	11	/

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Retired.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Wm. Colgate Whitehead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER ? (Holbrook)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address) Holbrook Whitehead Jr 404 E. 22nd Street

15 Filed MAY 28 1932 18 Registrar Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24th, 1932, to May 27th, 1932, that I last saw h. alive on May 25th, 1932, and that death occurred, on the date stated above, at 7.45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Endarteritis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme, M. D.

5/27/1932 (Address) 3014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: 5/30/32

20 UNDERTAKER: George J. Roth Inc

ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 12689

E 80089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80089

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5134 Belair Road St., 27-41 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Griffith

(a) Residence: No. 5134 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mrs. Fannie Metzler
(Address) 5134 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Macon, Ga. Date 5/29, 1932

19. UNDERTAKER E. J. Armstrong & Son
(Address) 938 E. Lafayette Ave.

20. FILED 1932 Huntington Williams M.D.
Registrar. District.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocarditis Insufficiency	
Other contributory causes of importance:	
"History" Angina Pectoris	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter Carnes M. D.
Coroner

(Address) 508 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

M. B. E 80090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80090

260967

CERTIFICATE OF DEATH

X 137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.... mos. 12 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lewis Rough

(a) Residence: No. 325 E 16th St., Ward. Berwick Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, year) Nov 18 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 621

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Rough

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rachel Harris

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Berwick Pa Date 5/29 1932

19. UNDERTAKER Williams Cobb

(Address) 217 St Paul St.

FILED MAY 29 1932 Washington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to May 27 1932

I last saw h[illegible] alive on May 27 1932 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	Aug 1931
Suprapubic Cystotomy	5-18-32
Suprapubic Prostatectomy	5-25-32
Secondary Hemorrhage	5-25-32

Other contributory causes of importance:

Name of operation See above Date of

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jacob Rudolph M.D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

E 80091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80091

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves St.) 11-15 (Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Federer

(a) Residence: No. 715 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Catherine Federer

6. DATE OF BIRTH (month, day, year) June 10 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired sch. f.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 021

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Son) Robert Federer

(Address) 715 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Jamaica Date 5/30/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26 — 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16th — 1932 to May 26th — 1932

I last saw him alive on 5-26 — 1932 Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-22

Other contributory causes of importance:

Benign Prostatic Hypertrophy
Cystitis
Chronic myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thomas S Anderson M. D.

(Address) St Agnes Hospital.

OCCUPATION is very important. See instructions on back of certificate.

E 80092

M. D. H. 1268-9

E. 80092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Darley Ave Ward 8-45)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis George Hall

(a) Residence: No. 1718 Darley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lillian E. Hall

6. DATE OF BIRTH (month, day, year) Jan 14th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking Express 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick D. Hall

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary Mumma

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Wm E. Hall

(Address) 1715 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dermount Date May 30th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED MAY 30 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5 1931 to May 27 1932

I last saw him alive on May 27 1932 Death is said to have occurred on the date stated above, 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr
Other contributory causes of importance: Tubercular Enteritis	2 mos.

Name of operation None Date of

What test confirmed diagnosis? Clinical & Typical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Osenberg M. D.

(Address) 2025 E North Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

E 80693 Dr Link Division of Cumberland E 80693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51V

Registered No. [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (Ward) 18-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael T. Wholey

(a) Residence: No. 4027 Falls Road St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married HUSBAND of F. Ida Wholey

6. DATE OF BIRTH (month, day, year) Jan 8th 1838

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Shoe Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 042

10. Date deceased last worked at this occupation (month, day, year) 1927

11. Total time (years) spent in this occupation 58 yrs

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs F. Ida Wholey

(Address) 4027 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill, Towson Date May 30th 1932

Place

19. UNDERTAKER Wm Cook & Son

(Address) 1217 St Paul St

[illegible] Registrar.

Director

MAY 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Bladder

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Link M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80094

80094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Ashburton St. 15-68 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Freburger

(a) Residence: No. 1714 Ashburton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of George A. B. Freburger

6. DATE OF BIRTH (month, day, year) July 8th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo A B Freburger

(Address) 1714 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 30th 193

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 29 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1930 to May 27 1932

I last saw her alive on May 26, 1932 Death is said to have occurred on the date stated above, at 12⁰⁰ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?

Other contributory causes of importance:

Cerebral Embolism	

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Monument

OCCUPATION is very important. See instructions on back of certificate.

E 80095 Co.—200 Bks.

E 80095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80095

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1731 N. Charles St. (Ward) 12-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel C Kinding

(a) RESIDENCE NO. 1731 N. Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie E.

6 DATE OF BIRTH (month, day, and year) Jan 7 1848

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	84	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Eli Kinding

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Wm. L. Kinding

(Address) 2310 Maple Ave

Filed MAY 29 1932 19 Huntington Williams Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1932

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 28, 1932,

that I last saw h/m alive on May 27, 1932,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Examination

(Signed) Kenneth B. Boyd M. D.

19 (Address) 104 W. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial 5/31 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St. Paul St

IMPORTANT. Physicians should be careful to see that AGE is stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 80096

E 80096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 70-64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 (St.) E. Franklintown (Ward) 70-64

2-FULL NAME Charles L. Smith

(a) RESIDENCE NO 326 E. Franklintown St. Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine H. Smith

6 DATE OF BIRTH (month, day, and year) May 16th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Paper-Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer: 052

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Frank Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Catherine Smith

(Address) 326 E. Franklintown Rd

15 Filed May 29 1932 [illegible] Registrar

Y29932 [illegible] Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Lingua Pectoris~~

Cerebral Apoplexy (duration) 1-2 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

5/27, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: May 30th 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 S. Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80097

E 80097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 Maryland Ave Ward) 42-51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Agnes Conroy

(a) Residence: No. 2618 Maryland Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23rd 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John Conroy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Toole

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Boyle

(Address) 2618 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 31st 1932

19. UNDERTAKER Wm Cook

(Address) 2217 St Paul St

20. FILED MAY 29 1932 Huntingtown Md Registrar. District

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1932 to May 28th 1932

I last saw h.. alive on May 28th 1932 Death is said to have occurred on the date stated above, at 8a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-20-32
Arteriosclerosis.	?

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. E. Cross, M. D.

(Address) 28 W 25½ St.

OCCUPATION is very important. See instructions on back of certificate.

E 80098

E 80098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 202 Wyndhurst Ave (Ward) 27 - (3)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David H. Arthur

(a) Residence: No. 202 Wyndhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) Sept 29 1857

7. AGE — Years 74 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sub Contractor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Arthur

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward M Arthur
(Address) 202 Wyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/30 1932

19. UNDERTAKER Henry U. Myers & Son
(Address) 805-9 E Baltimore St.

20. FILED May 30 1932 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on May 19 32 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 1 year

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. Leslie Smith Coroner, M. D.

(Address)

Spec. 1-32-U. S.—500 Bks.

E 80099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80099

54-005

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 5-21 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. B. Irene Seim

(a) RESIDENCE NO. 1576 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced RUSBAND of (or) WIFE of Walter A. Seim

6 DATE OF BIRTH (month, day, and year) Dec 14, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	50	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Neufeldt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Tautenberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed JUN 29 1932 Huntington Williams Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 26, 1932, that I last saw h-r alive on May 26, 1932, and that death occurred, on the date stated above, at 11.05 p.m.

The CAUSE OF DEATH* was as follows:

Spinal Cord tumor ?

(duration) yrs. 2 mos. d.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Autopsy

What test confirmed diagnosis?

(Signed) John T. Howard, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	5/30 1932
20 UNDERTAKER	ADDRESS
Geo. A. Farley	Fulton & Fayette

Important. See instructions on back of certificate.

M. D. B. 1288-9

80100

E 80100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie May Hill

(a) Residence: No. 238 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20/1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Preston Hill

14. BIRTHPLACE (city or town) (State or country) Richmond, Va

MOTHER

15. MAIDEN NAME Dora Williams

16. BIRTHPLACE (city or town) (State or country) Blackstone, Va

17. INFORMANT Preston Hill

(Address) 238 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson County Date May 30, 1932

19. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans St

Filed MAY 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 9.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) 506 Hooker

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 80101 E 80101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 Patapsco Ave St. 25 Ward 76 Brooklyn

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph U Louder

(a) Residence: No. 444 Patapsco Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elorena B Louder

6. DATE OF BIRTH (month, day, year): Feb 21, 1883

7. AGE: Years 49 | Months 3 | Days 6 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sportman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grain Elevator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Phillip H Louder
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Louisette Haught
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Geo M Louder R to S.E. Washington

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Carmel Date: May 30. 1932

19. UNDERTAKER (Address): A. Howard Evans 35 E Fort Ave

20. FILED: MAY 29 1932 Huntington Williams, M.D. Registrar. Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20/32, 19..., to May 27/32, 19..., I last saw him alive on May 27/32, 19..., death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset May 17/32

Other contributory causes of importance:

Nephritis

Name of operation None Date of

What test confirmed diagnosis? Byrd Remington Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B Coloney, M. D.

(Address) 1143 Light St

M. D. B. 1285-A

E 80102

E 80102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc). St. 11-35 Ward

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred Eighteen yrs. ..... mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Octavius Morris

(a) Residence: No. 1035 Brantly ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Morris

6. DATE OF BIRTH (month, day, year) Feb. 28, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Phosphate mixer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 98

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jackson Morris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Belle Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 5/21 19 32

19. UNDERTAKER Samuel Hyman
(Address) 24 McCuddy

MAY 26 1932 Hunting for Williams Asst.

20. FILED

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 , 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11 , 1932 to May 26 , 1932

I last saw h. in alive on May 26 , 1932. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Tuberculous Peritonitis	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lawrence A. Sena , M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-32 100 Bks.

E 80103

E 80103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1—PLACE OF DEATH

REGISTERED NO. 18-26

CITY OF BALTIMORE (No. 1123 Franklin ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josson Scroggins

(a) RESIDENCE NO. 1123 Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 4 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lana Scroggins

6 DATE OF BIRTH (month, day, and year) Aug. 27, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Scroggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Gustine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Scroggins

(Address) 1123 E. Franklin St.

15 Filed May 29 1932 Huntington Nitschke Registrar

Checked

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/32

17 I HEREBY CERTIFY, That I attended deceased from 5/21/32, 19..., to 5/26/32, 19..., that I last saw h... alive on 5/24/32, 19..., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH was as follows:

Epilepsy

(duration) V V ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Barksdale M.D.

5/27, 1932 (Address) 526 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wolfe Neck Cemetery G. G. Co. Md	May 30, 1932
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	321 N Schroeder St.

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 80104

E 80104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. (Ward) 13-52

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Grimes

(a) Residence: No. 3611 Roland Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert F. Grimes

6. DATE OF BIRTH (month, day, year) 6/25/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Hartley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mayo Hampden May 21 1932

19. UNDERTAKER Horace F. Burgee Director
(Address) 3631 Gallo Road Govans, Md.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 1932 to May 28 1932

I last saw her alive on May 28 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary. — Date of onset April 1932.

Intestinal obstruction, partial

Other contributory causes of importance:

Exploratory Laparotomy -

Post operative cardiac failure

Name of operation ..... Date of May 23

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Hurd M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 80105

E 80105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3736 Roland Ave. St., 13 Ward) 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Armiger

(a) Residence: No. 3736 Roland Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — John H. Armiger

6. DATE OF BIRTH (month, day, year) Feb. 17-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER'S FATHER

13. NAME Jacob Bull

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Stacey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Evelyn Harris 4201 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date May 30. 1932

19. UNDERTAKER (Address) Horace F. Burgee 3631 Falls Road

Filed May 29 1932 Assistant Registrar H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20. 1932 to May 26. 1932

I last saw h alive on May 26 1932 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 24, 1932
Other contributory causes of importance: Cardiac Dilatation, Endocarditis, Arteriosclerosis	May 26, 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Hunckin, M. D.

(Address) 4037 Falls Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

80106

É 80106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2941 Tait Ave St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ent yrs. mos. ds. How long in U. S. If of foreign birth? Unknown yrs. ds.

2. FULL NAME Martha Hartley

(a) Residence: No. 2941 ~~2944~~ Tait Ave St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The late William Hartley

6. DATE OF BIRTH (month, day, year) Oct 9th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glascow Scotland

FATHER

13. NAME Robert Trairley.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Martha Millholand

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Martha Kessler Niece

(Address) 2941 Tait ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date May 30. 1932

19. UNDERTAKER Lilly. Sons Inc.

(Address) 401 E. Lafayette St.

20. FILED MAY 31 1932 Huntington Williams, M.D. Registrar, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8 1932 to May 27 1932

I last saw her alive on May 27 1932 Death is said to have occurred on the date stated above, at 7.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	
Broncho-Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zellers M. D.

5/28/32 (Address) 2739 Edgerton Ave

OCCUPATION is very important. See instructions on back of certificate.

E 80107

E 80107 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 48

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 E. Preston St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Stallings

(a) RESIDENCE NO. 413 E Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Virgil B Stallings

6 DATE OF BIRTH (month, day, and year) Mar 1—1858

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	74	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) a. a. co. md

(State or country)

PARENTS

10 NAME OF FATHER Philip Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country) a. a. co. md

12 MAIDEN NAME OF MOTHER Eliza Ward

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) a. a. co. md

14 Informant Oswald Stallings

(Address) Annapolis Md

15 Filed MAY 29 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th 1932

17 I HEREBY CERTIFY, That I attended deceased from April 15 1932, to May 27th 1932.

that I last saw h~~e~~r alive on May 26th 1932.

and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Laboratory

(Signed) L. A. Gordy M. D.

5-27. 1932 (Address) Hanford Rd & Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Bluff Annapolis

Date of Burial May 29 1932

ADDRESS Annapolis md

20 UNDERTAKER B L Hopkins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

B 80108 E 80108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 McElderry Ave St., 4-47 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget Noon Kearney.

(a) Residence: No. 758 McElderry Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Kearney.

6. DATE OF BIRTH (month, day, year) Dec. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Martin Noon

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget Noon

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary Kearney Spann

(Address) 758 McElderry Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 5/30, 1932

19. UNDERTAKER H. Lennon & Son

(Address) 2611 E. Baltimore

20. FILED JUN 2 1932 Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1932 to 5/26, 1932

I last saw her alive on 5/26, 1932. Death is said to have occurred on the date stated above, at 6.10 P.m.

The principal cause of death and related causes of importance were as follows:

(a) Acute Intestinal Obstruction

Chronic Myocarditis

Other contributory causes of importance:

Arteriosclerosis.

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Francis T. Gillis M. D.

(Address) 20 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

E 80109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80109

115-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Joseph Hosp (St., Ward)
Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Mary Kuslavich
(a) Residence: No. 1227 Glendon Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1st 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23.	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER
13. NAME Joseph Kuslavich
14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER
15. MAIDEN NAME Mary Kiskel
16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Mrs Mary Kuslavich
(Address) 1227 Glendon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/30/1932

19. UNDERTAKER John J. Bourgé & Son
(Address) 901 Hollins St.

FILED MAY 29 1932 Hunting for Williams, Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to May 26 1932
I last saw her alive on May 26 1932 death is said to have occurred on the date stated above, at 10.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri-Tonsilar Abscess with Septicemia	May 1/32

Other contributory causes of importance:

Bronchial Pneumonia	
Catarrhal Jaundice	May 7/32
Parotitis	

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) H. Baumgardner M. D.
(Address) St Joseph Hosp.

AACo. 5-11 250B

80110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80110

CERTIFICATE OF DEATH

95-002.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Hammer

(a) Residence: No. 25 N. McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT ?
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 5-30 1932

19. UNDERTAKER George T. Gilbert
(Address) 1735 Druid Hill Ave

20. FILED 5-30-1932 Huntington Pollard Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1932 to 5-27, 1932

I last saw her alive on 5-27 1932 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-22-32

Other contributory causes of importance:
Hypertension Chronic

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. W. Donald, M. D.

5-27-32 (Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 80111 E 80111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1082

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-49 ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos 7 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Mr. Elmer Ramsay

(a) Residence: No. Stratts, Harford Co. St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Elmer Ramsay

6. DATE OF BIRTH (month, day, year) Sept. 14, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70 yrs.	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Robert Ramsay (d)
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Hogg (d)
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gabriels Md. Date June 1 1932

19. UNDERTAKER W. H. Tebb
(Address) Jarrettsville Md.

20. FILED MAY 23 1932 Hunter Tebb Williams Md.
Registrar

Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932 to May 29, 1932
I last saw him alive on May 29 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows

	Date of onset
Lobar Pneumonia	5/22/32

Other contributory causes of importance

Chronic Myocardial disease & auricular fibrillation

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herbert Harding M. D.

(Address) 1370 Eutaw Place

B 80112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80112

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 Montpelier St. St., 9-46 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Toner

(a) Residence: No. 945 Montpelier St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late James Toner

6. DATE OF BIRTH (month, day, year) Jan. 13, 1850.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander Jamieson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret A. Menns

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Charles Toner
(Address) 945 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 30, 1932.

19. UNDERTAKER Harry S. Whitaker
(Address) 4101 Edmondson Ave.

20. FILED 1932 Huntington Williams Registrar

AV 351932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1931, to May 27th, 1932

I last saw her alive on Oct 8th 1931 death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4/12/32
Senile Gangrene	5/18/32

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Clinical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Hyde M.D.

(Address) 401 E 25th St

OCCUPATION is very important. See instructions on back of certificate.

E 80113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80113

CERTIFICATE OF DEATH

131

Registered No. 25-72

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1962 Lanvale St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise C. Marquart

(a) Residence: No. 1316 Eutaw Pl. St., Mount Park
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Chas F. Marquart

6. DATE OF BIRTH (month, day, and year) June 6th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Otto Reinhardt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Augusta Ebrodt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank C. Stein
(Address) 1316 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 30th 1932

19. UNDERTAKER J. B. Weyant & Co
(Address) 152 W. Baltimore St.

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27 1932 to May 27 1932
I last saw her alive on May 27 1932 Death is said to have occurred on the date stated above, at 2 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	

Other contributory causes of importance:
Probably chronic nephritis

Name of operation None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Guy Y. Cromwell M. D.
(Address) 203 Patapsco Ave. Brooklyn Md

E 80114

M. D. B. 1268-b

80114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 3620 Roland Pk (St.) 13-52 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas L. Lovell

(a) Residence: No. 3620 Roland Pk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna.

6. DATE OF BIRTH (month, day, year) Nov 28 1887

7. AGE 50 Years 57 Months 6 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Erector 084

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jesse Lovell

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Annie Hodges

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edna Lovell
(Address) 3620 Roland

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 31 1932

19. UNDERTAKER Rehmwald Bros
(Address) 3615 Harford Ave.

20. FILED 1932 Huntington-Williams, Mgr.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Friquently. Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Auto Intoxication
Failure.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

E 80115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80115

CERTIFICATE OF DEATH

159

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 765 W. Lexington St. 18-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Gilpin

(a) Residence: No. 765 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or ... min
	(13 hours)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Charles King

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Katherine Gilpin

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Katherine Gilpin
(Address) 765 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 30 1932

19. UNDERTAKER Edmondson
(Address) 3657 Edmondson Ave.

20. FILED ... Huntington Williams, Asst. Registrar
Director

MAY 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to May 28, 1932
I last saw him alive on May 28, 1932 death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (32 wks.)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Frank T. Hopkins M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 80116

E 80116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Biddle St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Norwood

(a) Residence: No. 1006 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Norwood

6. DATE OF BIRTH (month, day, year) May 15 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Tirrell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Sammell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Edward J. Norwood
(Address) 1006 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 31 1932

19. UNDERTAKER Edward W. Carlin
(Address) 1726 Pennsylvania Ave.

Huntingtown, Williams, N.Y.

Registrar, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1930, 19..., to May 1932, 19...

I last saw her alive on 5-27 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance: Asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mary F. Vaughan M. D.

(Address) 1028 Valley St

OCCUPATION is very important. See instructions on back of certificate.

FILED JUN 3 1932

1301932

AaCo. 5-31 250B

E 80117

E 80117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 18-76 Ward)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Hammond

(a) Residence: No. 1075 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: ff

6. DATE OF BIRTH (month, day, year) Feb 22, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Hammond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ethel Lyle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ethel Hammond
(Address) 1075 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Date May 30, 1932

19. UNDERTAKER Florence E. Wright
(Address) 720 N. Eutaw St.

20. FILED MAY 30 1932, 19 Huntingtown, Md. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 29, 1932

I last saw her alive on May 29, 1932 death is said to have occurred on the date stated above, at 1 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	5/18/32

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Peter Meranski M. D.

(Address) Lyndenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 80118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 E. Federal ST. 12-19 (WARD)

2-FULL NAME Robert Roe

(a) RESIDENCE NO. 210 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lottie Roe

6 DATE OF BIRTH (month, day, and year) March 24-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chef 021

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rochester (State or country) N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Lottie Roe (Address) 210 E Federal St

15 Filed MAY 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to May 27, 1932, that I last saw h alive on May 27, 1932, and that death occurred, on the date stated above, at 12 00 A.m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach Metastasis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) L. D. Dall, M. D.

19 (Address) 1926 E 33 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 5 30 1932

20 UNDERTAKER Samuel H. Chase & Son

ADDRESS 638 N. Gilmor

MAY 30 1932

Director

E 80119 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80119

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1020 Calhoun ST. 16-22 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Booth

(a) RESIDENCE NO. 1020 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11 1909

7 AGE: Years 23 Months 1 Days 17 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor 040

(b) General nature of Industry, business, or establishment in which employed (or employer): Ice handling

(c) Name of employer: Self. Calvert Co Md

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: John Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md.

12 MAIDEN NAME OF MOTHER: Victoria Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant (Address): Julia Booth 1020 Calhoun St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1932

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to May 28, 1932, that I last saw him alive on May 27, 1932, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) — yrs One mos 3 ds.

CONTRIBUTORY (secondary) Acute Subdural & Pulmonary Suffusion (duration) — yrs One mos 13 ds.

18 Where was disease contracted if not at place of death? at home of Pearl

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Charles C. Cecil, M. D.

May 29, 1932 (Address) 3314 Pedmont ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: 5-30 1932

20 UNDERTAKER: Edward W. Pierce & Son — ADDRESS: 608 N. Eutaw

Director

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

E 80120

1-30—M. & T.—100 B—50L

E 80120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3722 S.Fifth St. (ST.) Brooklyn 25-75 (WARD)

2-FULL NAME George V.Clark.Jr.

(a) RESIDENCE NO 3722 S.Fifth St. (ST.) Brooklyn (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) August 14, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	9	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George V.Clark, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Odenton, Md.

12 MAIDEN NAME OF MOTHER Pearl Watts.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Admiral, Md.

14 Informant Pearl Clark. (mother)
(Address) 3722 S.Fifth St. Brooklyn.

15 Filed MAY 30 1932, 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

5/28/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL May 30 1932

20 UNDERTAKER John F. Denny

ADDRESS 1 S. Light St

CAUSE OF DEATH: PLEASE PRINT ALL ITEMS. See instructions on back of certificates. ATTENTION is very important.

M. D. B. 1268-9

E 80121

E 80121 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 15-62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Belle Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma O'Dell

(a) Residence: No. 3709 Belle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John S. O'Dell

6. DATE OF BIRTH (month, day, year) Dec. 1, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Irvin Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. George W. Krill

(Address) 3709 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date May 30, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

MAY 30 1932 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932, to May 27th 1932

I last saw her alive on May 25 1932. Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Lobar Pneumonia

Myocardial Insufficiency

Name of operation Clinical & Laboratory Tests Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade H. Brumbley, M. D.

(Address) 307 Medical Rts

M. D. B. 1268-9

E 80122 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80122

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Park Ave (If not in hospital, give street) 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Smithson

(a) Residence: No. 1535 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William B. Smithson

6. DATE OF BIRTH (month, day, year): Sept 13 1854

7. AGE: Years 77 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carrs Run Harford Co Md

FATHER

13. NAME: James Johnson

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Martha Parsons

16. BIRTHPLACE (city or town) (State or country): Harford Md

17. INFORMANT: H. K. Smithson
(Address) 216 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL: Druid Hill Date 5/31/32

19. UNDERTAKER: Hoffman Funeral Home
(Address) Upper Marlboro Md

20. FILED: 1932 Registrar. (Director)

AY 80132

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to May 29 1932

I last saw her alive on May 28 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1925
Arteriosclerosis	1925

Other contributory causes of importance:

Uremia	5/25/32

Name of operation: None Date of: —

What test confirmed diagnosis: Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thomas F. Hoffman M. D.

(Address) 6 East Redale St

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

80123

E 80123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No. 30-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 625 St Johns Road St. (Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Aurelia Catherine McCauley

(a) Residence: No. 1829 Eutaw St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. McCauley

6. DATE OF BIRTH (month, day, year) Aug 6th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Geo L Crawn

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Faulmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Edward McCauley

(Address) 1829 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/30 1932

19. UNDERTAKER Thos. J. Pilgrim Sons

(Address) Park & Pennsylvania Ave

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26th, 1932, to only one hour, 19...

I last saw her alive on 10 AM 5/26, 1932 death is said to have occurred on the date stated above, at 2 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Convulsions	5/26/32

Other contributory causes of importance:

Age & Previous Stroke producing Rt. hemiplegia

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) Tilden Lamar R. Carter, M. D.

(Address) Roland Park Md

80124

HEALTH DEPARTMENT—CITY OF BALTIMORE

80124

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2734 Huntingdon 12-51 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jones

(a) Residence: No. 2734 Huntingdon St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edgar Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Welkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edgar Jones
(Address) 2734 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date May 31 1932

19. UNDERTAKER Walter Young & Son
(Address) 1911 Eastern Ave

20. FILED 1932 Huntingdon [illegible] Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 7 months Old	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. C. Smith Coroner, M. D.

(Address) Ellicott City Md

80125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80125

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 1420 Yard)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otis Litman

(a) Residence: No. 1428 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) Jan 20, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Alphonse Jones
14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Litman
16. BIRTHPLACE (city or town) .....
(State or country) So. Carolina

17. INFORMANT Carrie Litman
(Address) 1428 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 30 1932

19. UNDERTAKER Archibald E. Gaddis
(Address) 1844 McCulloh St Baltimore, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 28, 1932

I last saw him alive on May 28, 1932 death is said to have occurred on the date stated above, at 10 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	5/10/32
Other contributory causes of importance:	
Bronchopneumonia	5/17/32

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Peter Mravsky M. D.
(Address) Lyden Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

AACo. 5-31 250B

E 80126

80126 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 89-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital St. 1-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. Life ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia May Weber

(a) Residence: No. 501 South Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ed C. Th, 1931

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
1	5 mos	3	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Virginia O. Weber

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Murray

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary E. Weber
(Address) 501 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Hosp. Date May 30, 1932

19. UNDERTAKER Carey Co. Inc.
(Address) 1002 E. North Ave

20. FILED ... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 28, 1932

I last saw h-r alive on May 28, 1932 death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic meningitis.	
Bilateral Otitis media,	
1 mo.	

Other contributory causes of importance:

Cellulitis neck.	

Name of operation Tracheotomy Date of May 3

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. L. Brezee, M. D.
(Address) St. Jos. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 80127 Sp. No.—200 Blks. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 80127

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1717 Eutaw St. 10-14 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas N. Burke

(a) RESIDENCE NO. 1717 Eutaw St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. ds. 15 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Teresa M. Mehling

6 DATE OF BIRTH (month, day, and year) Aug 15 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	57	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): City of Baltimore

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Thomas Burke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Fallon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Teresa M. Burke

(Address) 1717 Eutaw St

15 Filed 3 1932 Huntington Pollitt Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1930, to May 28, 1932, that I last saw h~~im~~ alive on May 28, 1932, and that death occurred, on the date stated above, at 2 30 ~~P~~ m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Cardiac + Renal Insufficiency

(duration) 3 yrs. ~~\~~ mos. ~~\~~ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. D. Saunders, M. D.

, 19 (Address) 719 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Wayne Cem. Date of Burial 6/1 1932

20 UNDERTAKER: Elsner & Frankel ADDRESS 1924 E Eager St

OF DEATH is plain Greek, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3 1932

M. D. B. 1268-9

E 80128

E 80128 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Fremont St. 16 26 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadye Sacks

(a) Residence: No. 236 N. Fremont ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marcus

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0 2 4

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis or Sacks

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jordan Sacks
(Address) 23 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Mem Date 5-30 1932

19. UNDERTAKER Jack Levin Grey
(Address) 1439 E. Baltimore

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1932 to 5/29 1932

I last saw h[illegible] alive on 5/29 1932 Death is said to have occurred on the date stated above, at 3 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/27/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2 [illegible] Eutaw Pl

E 80129

M. 80129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 25-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Horseman

(a) Residence: No. 1329 Herkimer St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29/32

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
				9 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Horseman

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Chase

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT James Horseman

(Address) 1329 Herkimer St

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas's Cem. Date May 31, 1932

19. UNDERTAKER John Stephenson

(Address) 423 S. Paca St.

MAY 30 1932

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity about 7 mons gest

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. H. Cruse M. D.

Coroner

(Address) 508 E. North Ave

OCCUPATION IS very important. See instructions on back of certificate.

E 80130

AsCo. 5-31 200

80130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 18 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Jesilionis

(a) Residence: No. 745 W. Lombard St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael C. Jesilionis

6. DATE OF BIRTH (month, day, year) Unknown - 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
52	-	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuanian

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT Anna Jesilionis
(Address) 819 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 31 1932

19. UNDERTAKER John Grabkauskas
(Address) 423 S. Paca St.

20. FILED 19 Registrar.

Y 331932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1932, to 5-28, 1932

I last saw her alive on 5-28, 1932, death is said to have occurred on the date stated above, at 11:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomegaly (cause unknown) about 6 months duration	

Other contributory causes of importance:

Uremia (cessation of suppression following operation)	May 26

Name of operation Splenectomy Date of 5-26-32

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Hans B. Schreiber, M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80131

80131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12-50 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Woodland

(a) Residence: No. 2450 Brentwood Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ford Woodland

6. DATE OF BIRTH (month, day, year) May 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elder Lewis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie Pooles

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr Ford Woodland

(Address) 2450 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5/31/1932

19. UNDERTAKER Mrs. Lizzie R. Holland

(Address) 1631 Druid Hill Ave

20. FILED MAY 30 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 28 1932

I last saw her alive on May 28 1932. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	May 1931
Other contributory causes of importance: Bilateral Bronchopneumonia	My 24, 32

Name of operation ... Date of ...

What test confirmed diagnosis? anal Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Stonebraker, M. D.

(Address) Univ. Hosp

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

80132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80132

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Federal St., 12-14 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Hoffman

(a) Residence: No. 407 Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Albert

6. DATE OF BIRTH (month, day, year): May 1879

7. AGE — Years: 53 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: H. Bentley
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Preston Baker 407 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL. Date 5/31, 19 32
Place Denton Md

19. UNDERTAKER: Mrs. Leo H. Hockaday
(Address) 620 Druid Heights Ave

20. FILED ..... 19.. ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1932, to 5/26, 1932

I last saw her alive on 5/24, 1932 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis Acute Dyspepsia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... (If so, specify) .....

(Signed) Burt Cutty M. D.

(Address) 2136 Eutaw Pl

Spec.—0-30—A & Co.—250 Blks.

E 80133 ✓ E 80133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3437 Chestnut St. 413-52 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alonzo Anderson

(a) RESIDENCE NO. 3437 Chestnut Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie E. Anderson

6 DATE OF BIRTH (month, day, and year) May 4th 1871

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	2	20 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 56

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Rail Road

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Rodroc

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Lillie E. Anderson 3437 Chestnut Ave

15 Filed ... 19 Huntington [illegible] Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1932

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to May 28, 1932

that I last saw him alive on May 28, 1932

and that death occurred, on the date stated above, at 12.55 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

½

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hom

(Signed) Hubert E. Knapp M. D.

May 28, 1932 (Address) 1216 E. Preston St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL May 31 19 32

20 UNDERTAKER Franklin W. Seitz

ADDRESS 701 N. 33

TION is very important. See instructions on back of certificates.

M. D. B. 1268-D

80134 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80134

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirm 23-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Becker

(a) Residence: No. 1431 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Becker

6. DATE OF BIRTH (month, day, year) Dec 31/1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop Pool Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME August Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Richea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Becker
(Address) 1431 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Leakin-22 Date May 31, 1932

19. UNDERTAKER Franklin W Seth
(Address) 707 W. 23rd St. Huntington Williams, N.Y.

20. FILED 31 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation of small intestine by adherent Meckel's - 2 days Diverticulum.	
Other contributory causes of importance: Cardiac Failure 4 hrs	

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J Sut Cain M. D.
Coroner

(Address) 506 E Monument

E 80135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80135

50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial (Hospital) St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Oscar E. Webb (Grace C.)

(a) Residence: No. Sadbrook Park, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oscar E Webb

6. DATE OF BIRTH (month, day, year) Dec. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
61	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Jesse Cassard
14. BIRTHPLACE (city or town) (State or country) Balto.
15. MAIDEN NAME Sophie Regent
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Kate Webb
(Address) Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 5/31, 1932

19. UNDERTAKER J. Leonard Tarquino Co
(Address) 2 Reservoir

20. FILED MAY 31 1932 Huntingtown, Md. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1932 to 5/29, 1932
I last saw h alive on 5/29, 1932 death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with	9 yrs.
Other contributory causes of importance: general metastasis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel M. Lawrason M. D.
(Address) Union Memorial Hosp.

80136 E 80136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-63 Ward)

Length of residence in city or town where death occurred 3 yrs. 6 mos 0 ds. How long in U.S. if of foreign birth Life yrs. ... mos. ... ds.

2. FULL NAME Harris R Flaherty

(a) Residence: No. Phila Pa St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 8th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Jos. Flaherty

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Mary Ann Quinn

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Records of Mt Hope (Address) Mt Hope Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pleasant Date 2/31 1932

19. UNDERTAKER Thomas Kinsella (Address) Baltimore Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1932 to May 29th, 1932

I last saw h.e alive on May, 1932 death is said to have occurred on the date stated above, at 3.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis 5 yrs ago -	

Other contributory causes of importance:

Pneumonia Pneum - Terminal form

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank J Flannery, M. D.

(Address) Mt Hope Retreat

M. D. R. 1268-9

E 80137

80137. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 S. Charles St. 7-3-32 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peggy Laura Jones

(a) Residence: No. 1646 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) May 5th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
——	——	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Calvin E. Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Pearl Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Margaret Jones
(Address) 1646 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 31st 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED 6-3-1932 [illegible] for [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 29. 1932
I last saw her alive on May 5 1932 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day

Other contributory causes of importance:

Congenital Malformation of Lungs	3 wks

Name of operation no Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Chas W Kieffer M. D.

(Address) 2470 Park Blvd

M. D. R. 1268-2

80138

E 80138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. 76-37 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Pass

(a) Residence: No. 209 North Point Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced—(write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 40

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto City Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 6/1 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St Baltimore, Md.

20. FILED 6/3/1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1932 to 5-29 1932

I last saw h... alive on 5-29 1932 Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	Apr 10 1931
Other contributory causes of importance:	
Perforating ulcers of legs; arteriosclerosis	4 yrs ago

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

5-29-32 Elmer Bigbee M. D.

(Signed) ...

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 80139

80139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2717 Monument ST. E 1-10 WARD)

2-FULL NAME Francis Lee Coleman

(a) RESIDENCE NO. 2717 Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	18	9	11

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Apprentice Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Can Co 031
(c) Name of employer Continental Can Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Francis Lee Coleman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Emma Pearl Jennings
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) F. L. Coleman 2717 Monument St

15 Filed 6/1/1932 Registrar Huntington Williams, M.D. Director

AY 301932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-1932

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to May 29, 1932, that I last saw him alive on 6-28 1932 and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
Secondary to Influenza
(duration) yrs. 2 mos. ..... ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edward J. Woods M. D.
6/1/1932 (Address) 413 Mosher Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery
DATE OF BURIAL 6/1/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St.

80140

E 80140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

261019

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Ward

(a) Residence: No. 4709 Roland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Ward

6. DATE OF BIRTH (month, day, year) May 10. 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph A. Gittis

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mc Lean Keller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Marie L. Ward 4709 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May 30 1932

19. UNDERTAKER (Address) John C. Middleton & Sons 1900 Eutaw Place

20. FILED MAY 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28. 1932

22. I HEREBY CERTIFY, That I attended / deceased from May 17 1932 to May 28 1932

I last saw her alive on May 28 1932 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1929
generalized metastases	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herman Kerr M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 80141

Spec. S. No. 9—U. S.—100 Blks.

E 80141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

1—PLACE OF DEATH

REGISTERED NO. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1532 N. Fulton Av ST., WARD)

2—FULL NAME Harry W. Griffin

(a) RESIDENCE NO. 78 Linwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Wht	Widower

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Clara Virginia Griffin

6 DATE OF BIRTH (month, day, and year) Oct 28 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	30	

8 OCCUPATION OF DECEASED Retd.

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Making

(c) Name of employer Strasmann

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Annie Jay
(Address) 1532 N. Fulton Av

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/32

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 28, 1932, that I last saw him alive on May 28, 1932 and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Hem. of brain (apoplexy)
Left side paralyzed

(duration) yrs. 13 mos. da.

CONTRIBUTORY (Secondary) Cirrhosis of liver
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Leaving Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. E. Smith, M. D.

5/29, 1932 (Address) 1605 N. Monk Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL May 31 1932

20 UNDERTAKER John O. Turnbull & Son

ADDRESS Mon Eutaw & Fay

80142 ✓ E 80142

HEALTH DEPARTMENT—CITY OF BALTIMORE

258259

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 75-22 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Falk

(a) Residence: No. 2611 Carroll St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lola May

6. DATE OF BIRTH (month, day, year): June 2 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 05

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Thomas Falk

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annie R Pinehart

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 30. 1932

19. UNDERTAKER: Edw Fowler
(Address) 2354 Wash Blvd

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932 to May 28, 1932

I last saw him alive on May 28, 1932 Death is said to have occurred on the date stated above, at 340 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of bladder	5-10-31
2. Secondary anemia	2-26-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Beverley G. Cooper ton, M. D.

(Address) Johns Hopkins Hospital

E 80143

80143 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1315 Eastern Ave St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sally Saunders

(a) RESIDENCE NO. 1315 Harlan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-29-32

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
				4 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Albert Saunders

11 BIRTHPLACE OF FATHER (City or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Lennie Davis

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Jennie Pointexter

(Address) 1315 Harlan Ave

15 Filed MAY 30 1932 Registrar

Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 29-32

17 I HEREBY CERTIFY, That I attended deceased from ..., 19.., to May 29, 32

that I last saw alive on ..., 19..,

and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar and Endocarditis Streptococcal

(duration) ... yrs. 6 days

CONTRIBUTORY

(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Stephenson, M. D.

, 19 (Address) 1201 Bellair

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Gun Cem Co

Date of Burial 5-31 1932

20 UNDERTAKER George T. A. Gibson

ADDRESS 1735 Lewis Ave

DEATH IN PLAIN TERMS, so that it may be properly classified. Last statement of OCCUPATION very important. See instructions on back of certificates.

M. D. H. 1934

80144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80144

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Elliott St., 26 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Lubertine

(a) Residence: No. 3411 Elliott St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: The late Frances Lubertine

6. DATE OF BIRTH (month, day, year): June 12 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: ?

14. BIRTHPLACE (City or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frank Lubertine
(Address): 3411 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Date: May 31st, 1932

19. UNDERTAKER: Kelly-Zeller Funeral Home
(Address)

20. FILED JUN 1 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to May 28, 1932. Last saw h[illegible] alive on May 25, 1932. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance:	
Cerebral Hemorrhage	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? None, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thomas B. Fisher M. D.

(Address) 210 S. Highland Ave

A&Co. 5-31 250B

E 80145 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80145

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Balto. City Hospitals 26-1 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Kutchensenter

(a) Residence: No. 830 S. 3rd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	32	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffee Can Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank A. Hessler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 31 - 1932

19. UNDERTAKER Lilly & Zeibly Inc.
(Address) 1031 W. Fayette St

30 1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1923, to 5-28, 1932

I last saw her alive on 5-28, 1932 death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Gonorrheal arthritis	1922
Psychosis	1930

Other contributory causes of importance:

Lobar Pneumonia	5-10 32

Name of operation no Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Luther E. Leitch, M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

80146 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80146

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 27-43 St., Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Feldman

(a) Residence: No. 3304 Raymond Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME John Henry Feldman

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Libbie Bernadine Burke

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date May 30, 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 30 1932 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to May 29, 1932

I last saw h[im] alive on May 29, 1932. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	4 Days
Other contributory causes of importance:	
Malnutrition	4 Days

Name of operation Gastroenterostomy Date of 5/28/32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Simon Bryer, M. D.

(Address) Mercy Hospital

M. D. H. 1268-9

E 80147 M E 80147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (St.) 1-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam Podlesny

(a) Residence: No. 505 S Madeira St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Podlesny

6. DATE OF BIRTH (month, day, year) May 30, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anthony Podlesny

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Untarowna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Frances Podlesny

(Address) 505 S. Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date May 31, 1932

19. UNDERTAKER John F. Geiger

(Address) 401 N. Charles St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19... to ..., 19...

I last saw h... alive on Injury 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured ribs (right) Punctured lung.	
Pneumonia	5/6/32
Other contributory causes of importance:	
Struck by automobile	5/6/32

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/6/32

Where did injury occur Eastern Ave & Castle St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile nothing

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph P. Kenny, M. D. Coroner

(Address) 2200 E. Monument St

80148 E 80148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80148 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. 20-71 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Preston P. Milton

(a) Residence: No. 424 Roscraft Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Milton

6. DATE OF BIRTH (month, day, year) Sept 30 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard S. Milton

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Henrietta Sparks

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md

17. INFORMANT Preston Milton

(Address) 424 Roscraft Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 31 1937

19. UNDERTAKER Maxwell F. Flynn

(Address) 1422 Eighteenth St. Huntington Woods, N.J.

20. FILED 31 1937 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29/37

22. I HEREBY CERTIFY, That I attended deceased from 5/24/1937 to 5/29/1937

I last saw him alive on 5/26/1937. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar Left Lower	5/27/37
Other contributory causes of importance: Chronic Glomerular Nephritis	-
Myocardial degeneration	4-1-37

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Edmund S. Anderson M. D.

(Address) St Agnes Hospital

1-30—M. & T.—100 B—50L

E 80149

E 80149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 14-54 WARD)

2-FULL NAME Lillian S. Wilson

(a) RESIDENCE NO 2203 Division St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married widowed, or divorced HUSBAND of (or) WIFE of Wm H Wilson

6 DATE OF BIRTH (month, day, and year) May 30 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
34 33	34	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Manne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Linn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Amelia Sheridan

(Address) 753 W Cullod St

15 Filed JUN 1 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteric Abscess

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? 2203 Division

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) B F Herzog M.D., M. D. Coroner

5/30, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

20 UNDERTAKER Thomas E Kehoe

DATE OF BURIAL May 31 1932

ADDRESS 1303 Division

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 80150 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80150

CERTIFICATE OF DEATH

11-001

Registered No. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 Kildaire Rd. St. (Usual)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Donovan

(a) Residence: No. 2721 Kildaire Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 15, 1932

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	4	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Donovan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ellis (Engelhart)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Robert Donovan

(Address) 2721 Kildaire Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Mem. Co. Date 5/31/32 19

19. UNDERTAKER Evans & Pusey Co.

(Address) 1 W. Lexington St. Baltimore Md.

20. FILED MAY 31 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-32

22. I HEREBY CERTIFY, That I attended deceased from 5-26 19 32 to 5-28 32

I last saw him alive on 5-28- 19 32 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a cute Intero Colitis (Dysentery)	1 wk
Other contributory causes of importance:	
Tachycardia	2 days

Name of operation — Date of

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Reynolds M. D.

(Address) 100 N. Gilmor St.

M. D. B. 1268-9

80151

HEALTH DEPARTMENT—CITY OF BALTIMORE

M 80151

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Carl Lanham

(a) Residence: No. 1813- N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva (Ritter)

6. DATE OF BIRTH (month, day, year) Sept. 18, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sun Paper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME John T. Lanham

14. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

MOTHER

15. MAIDEN NAME Annie E. Dowell

16. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

17. INFORMANT Mrs. Annie Lanham
(Address) 1813 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 6/1/32, 19

19. UNDERTAKER Geo. Rudy & Son
(Address) 23 E. Lafayette Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 , to , 19

I last saw h alive on inquiry, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	5/29/32
Other contributory causes of importance:	
Auto in which he was riding struck safety beacon	5/29/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 29, 1932

Where did injury occur? North Ave nr Guilford.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place street accident

Manner of injury Auto struck safety beacon

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Madison St

A&Co. 5-31 2500

80152 E 80152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Jefferson St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patience Harris

(a) Residence: No. 1229 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of Isaac Harris

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
appox 68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth N.C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Isaac Harris Husband

(Address) 1229 Jefferson st

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Zion Cem. Date May 31. 1932

19. UNDERTAKER Wm. J. Gaddis

(Address) 1306 Jefferson

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to May 28 1932

I last saw her alive on May 1932 death is said to have occurred on the date stated above, at 820 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	May 25. 1932
Diabetes mellitus & Senile Sclerosis Nervitis & Partial Paralysis.	Jan 1932

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R A Young, M. D.

(Address)

E 80153

E 80153

25913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Jacobs

(a) Residence: No. 515 N Bethel St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown			
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework gp 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John H Daniels

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nannie Carroll

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fotindon cemetery Date May 31 1932

19. UNDERTAKER Edw. Bryan (Address) 1631 Orleans st

20. FILED JUN 1 1932 19 ..... Registrar. M.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23. 1932 to May 27 1932

I last saw her alive on May 27 1932 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Path. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1245-9

80154

E 80154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E 32 Nd St., 9-46 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Erck

(a) Residence: No. 1921 E 32 Nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Erck

6. DATE OF BIRTH (month, day, year) Jan 2. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Dinhardt

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Elizabeth Bloss

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Chas Miller

(Address) 1921 E 32 Nd

18. BURIAL, CREMATION, OR REMOVAL

Place Laraway Cem. Date May 31 1932

19. UNDERTAKER John Ulbert

(Address) 2202 East Eager St

20. FILED MAY 31 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 1932, to May 28 1932

I last saw h.. alive on May 28 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Disease	1 yr
Other contributory causes of importance:	
Cardiac Failure	2 mo.
	2 mo.

Name of operation L Date of L

What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? L Date of injury L 19 .....

Where did injury occur? L (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place L

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? L

If so, specify. .....

(Signed) Robert S. Kirk M. D.

(Address) 3126 Hartford Rd

M. D. R. 1268-2

80155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80155

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Eutaw Place 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Kamish

(a) Residence: No. 2009 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Kamish

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Kamish
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 1, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED JUN 1 1932 Hunting Key Kamish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 30, 1932

I last saw h... alive on May 30, 1932 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/14/32

Other contributory causes of importance:

Pulmonary embolus	5/30/32

Name of operation — Date of —

What test confirmed diagnosis? cl Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. J. Kyper M. D.

(Address) 3321 Fredk Ave

E D. 80156

E 80156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 N. Charles St. 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie E. Clark

(a) Residence: No. 2635 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James W. Clark

6. DATE OF BIRTH (month, day, and year) Oct 11 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Falls Md

FATHER

13. NAME Joseph F. Hines

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary .....

16. BIRTHPLACE (city or town) (State or country) Falls Md

17. INFORMANT Mary E. Creighton

(Address) 2735 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 30 1932

19. UNDERTAKER John D. Mitchell & Son

(Address) 194 Edmondson Ave

20. FILED 1932 Hunting 30 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 12 to May 28 1932

I last saw h.. alive on May 28 1932 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	1930
uremic decompensation -	
Other contributory causes of importance:	
Cerebral arteriosclerosis	1929

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frederick W. Bartlett M. D.

(Address) Medical Arts Bldg - Bway & Mt

M. D. B. 1268-9

80157

E 80157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-4 V/26

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 57 yrs. ... mos. ... ds.

2. FULL NAME Adolph J. Price (Price)

(a) Residence: No. 2033 E. Lombard St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine

6. DATE OF BIRTH (month, day, year): June 9, 1846

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
85 86	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd jobs

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Germany

FATHER

13. NAME: Ludwig

14. BIRTHPLACE (city or town) (State or country): ? Germany

MOTHER

15. MAIDEN NAME: Agnes Strefski

16. BIRTHPLACE (city or town) (State or country): ? Germany

17. INFORMANT: Records of

(Address): Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 31, 1932

19. UNDERTAKER: [illegible] Connelly

(Address): [illegible]

Filed [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 30 to May 27, 1932

I last saw him alive on May 27, 1932. Death is said to have occurred on the date stated above, at 11:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis, chr	10-14-30
Cholecystitis, chr.	10-14-30
Arteriosclerosis, Senility	Months ..

Other contributory causes of importance:

Name of operation [illegible] Date of ...

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joan Glenn M.D.

(Address) Balto. City Hosp.

M. D. B. 1267

E 80158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80158

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E. Biddle St. St., 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank J. Brandt

(a) Residence: No. 1614 E. Biddle St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret E. Brandt

6. DATE OF BIRTH (month, day, year) Dec. 27 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4 5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Brandt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Butzer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret E. Brandt

(Address) 1614 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May 31 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED 6-1-1932 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1932 to May 28 1932

I last saw h im alive on May 28 1932 Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 27
Other contributory causes of importance: Obesity Hypertension Cardiac Fatty infiltration	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Longos M. D.

(Address) 1228 Reed Lines

M. D. B. 1268-9

E 80159

80159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 E. Chase St. 8-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Lynch

(a) Residence: No. 2407 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles O. Lynch

6. DATE OF BIRTH (month, day, year) June 3/1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Conrad Schissler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret M. Ewalt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Markland
(Address) 2407 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Patterson Cem. Date June 1, 1932

19. UNDERTAKER George W. Zirkle
(Address) 1797 E. Eager St.

20. FILED June 2, 1932 Huntington W. Jenkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

"History" Diabetes Mellitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H. Neilson, M. D.

(Address) 508 E. Monument Coroner

80160 E 80160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1149-001

1. PLACE OF DEATH Woman's Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 27-53 Ward)

Length of residence in city or town where death occurred 34 yrs. 3 mos. 13 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Celie Young Taylor

(a) Residence: No. 4625 Keswick Rd. St., ____ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard R. Taylor

6. DATE OF BIRTH (month, day, year) Feb. 17-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	34	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Douglas Young

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Gertrude Eldred

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Richard R. Taylor
(Address) 4625 Keswick Rd

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
Place London Park Date May 31, 1932

19. UNDERTAKER J. E. Branch & Sons
(Address) 521 Madison Ave

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 30, 1932

I last saw her alive on May 30, 1932, death is said to have occurred on the date stated above, at 9:04 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarction	5/30/32
Other contributory causes of importance: Cesarean Section	May 8/32

Name of operation Cesarean Section Date of 5/28/32

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Marion P. Johnson, M. D.

(Address) Woman's Hospital

M. D. R. 1263-2

E 80161

E 80161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

261255

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 22-31 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Bryant

(a) Residence: No. 703 N. alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ernest Bryant

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Eunice Cain

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP. AL

18. BURIAL, CREMATION, OR REMOVAL Date May 31 1932
Place Mt Auburn

19. UNDERTAKER Isaac L Brown Son
(Address) 1625 N Montgomery

20. FILED May 31 1932 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932 to May 27 1932
I last saw her alive on May 27, 1932 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset 5/20/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ann G Kutner M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

E 80162 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80162

CERTIFICATE OF DEATH

V 131

Registered No. 26442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4215 Belmar Ave (Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John William Mann

(a) Residence: No. 4215 Belmar Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mann

6. DATE OF BIRTH (month, day, year) Sept. 1st 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John G. Mann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Margaret Mann

(Address) 4215 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 1, 1932

19. UNDERTAKER Frederick Lassahn & Son

(Address) 7401 Belair Rd.

20. FILED JUN 1 1932 H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to May 29, 1932

I last saw him alive on May 29, 1932 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Chronic Interstitial Nephritis.	
Myocarditis	
Other contributory causes of importance:	
Acute Dilatation of Heart	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Albert G Webster M. D.

(Address) 6409 Belair Rd.

M. D. B. 1268-9

E 80163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80163

261382

CERTIFICATE OF DEATH

✓ 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL Ward) 42-14

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Green

(a) Residence: No. 306 Princeton Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M	4. Color or Race: Black	5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Joe Green

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Cem. Date 6/1/32

19. UNDERTAKER: Samuel J. Handley & Son (Address) 2128 N. Bidde St.

20. FILED: MAY 31 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to May 28, 1932

I last saw h Last alive on May 28, 1932 Death is said to have occurred on the date stated above, at 11:45 p m

The principal cause of death and related causes of importance were as follows:

Acute yellow atrophy — Date of onset 5-16-32

Other contributory causes of importance:

syphilis — Date of onset Dec 1932

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

80164

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80164

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 13-54 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Hawkins

(a) Residence: No. 2439 McCulloh St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Horace Hawkins

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Polly ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem 6/3 1932

Place

19. UNDERTAKER Samuel F. Stevenson (Address) 1918 McCulloh St.

Registrar.

20. FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1928 to May 27, 1932 Death is said

I last saw him alive on May 27, 1932

to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chr
Arteriosclerosis

Date of onset 5-1-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas. Glennon Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

80165

HEALTH DEPARTMENT—CITY OF BALTIMORE E80165

CERTIFICATE OF DEATH

V 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-16 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Katharine Hille

(a) Residence: No. 1732 N. Montford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G.E.Hille

6. DATE OF BIRTH (month, day, year) July 17/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Kieffner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Herrmann

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Henry G.E.Hille

(Address) 1732 N. Montford

18. BURIAL, CREMATION, OR REMOVAL

Interred, Lonly Date June 1, 1932

19. UNDERTAKER J. Marshall Hall

(Address) 1726 Eutaw Place, N.

20. FILED JUN 2 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of ons
Myocardial Failure	?
Chr. Myocarditis	?

Other contributory causes of importance:

Shock-External wound of abdomen
Accidentally fell on iron fence
in garden of residence.

Name of operation Laceration repaired Date of 5/27

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) J. Sollmann Coroner, M.

(Address) 705 E. 11 mile Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80166 E 80166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Trueman

(a) Residence: No. 201 W. Hoffman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal yard boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal yard

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5-31 1932

19. UNDERTAKER Lynch Gorsuch

(Address) 916 Pa ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932 to May 27, 1932

I last saw him alive on May 27, 1932 Death is said to have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr	
Arteriosclerosis, chr	
Nephritis, chr.	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hess Steiner M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

E 80167

80167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Wilmer alley 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse Parker

(a) Residence: No. 1132 Wilmer alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Margaret Parker.

(Address) 1139 Wilmer Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mc Coll's Date 5-31-32

19. UNDERTAKER David Earlam

(Address) 916 Pa. ave.

20. FILED ..... 1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17 1932 to May 28th 1932

I last saw him alive on May 25th 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease	?
Duodenal Ulcer.	?

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bunnell Jarvis, M. D.

(Address) 2927 N. Calvert St.

M. D. B. 1268-9

80168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80168

√23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 9

CITY OF BALTIMORE: (No. ..... St., 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Reds

(a) Residence: No. 1006 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Arthur

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Mary Webb

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 5-31-32

19. UNDERTAKER Daniel Earhart
(Address) 716 Pine

20. FILED MAY 31 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932 to May 27, 1932

I last saw him alive on May 27, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis e effusion	Mar 1932
Other contributory causes of importance:	

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jos Hancock Jr M. D.

(Address) City Hosp

M. D. R. 1265-9

80169 Land

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80169

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Bryant St. 13-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Land

(a) Residence: No. 2205 Bryant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jacob Land

6. DATE OF BIRTH (month, day, year) 5/28 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME David Kovansky

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Sora Kovansky

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Jacob Land

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville, Date May 31, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 117 E Baltimore St.

20. FILED MAY 31 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to May 30, 1932

I last saw her alive on 30th day of May 1932. Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph J. Mueller M. D.

(Address) 741 Reisterstown Rd

80170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80170

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hosp St., 5-8 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emanuel Frank

(a) Residence: No. 511 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 2 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) U.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date June 4 1932

19. UNDERTAKER Richard H. Lehnen & Co
(Address) 1620 Linden Ave Baltimore, Md.

20. FILED JUN 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/22 1932 to 5/28 1932. I last saw him alive on 5/28 1932. Death is said to have occurred on the date stated above, at 6.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of neck	May 1932
Other contributory causes of importance: Diabetes Mellitus	Unknown

Name of operation Incision & drainage Date of 5/24/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos Glenn Gold Jr. M. D.
(Address) City Hosp

M. D. B. 1268-9

Isabel Rose

E 80171

E 80171 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80171

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2105 Lynhurst St. 15-66 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where (s) ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabella Rose

(a) Residence: No. 2105 Lynhurst St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 74 78 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charleston S.C.

FATHER

13. NAME: Isaac Rose

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Rose Millhouse

(Address) 609 East St

18. BURIAL, CREMATION, OR REMOVAL

Place: Har de Grace Date: June 1 1932

19. UNDERTAKER: Harry Sandhammaker

(Address) 902 Eutaw Place

Filed: MAY 21 1932 Registrar: Livingston Williams N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Sudden

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Block M. D.

Coroner

(Address) Edmonson

M. D. B. 1265-9

E 80172

80172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 26-39 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. ? mos. ds.

2. FULL NAME Agnes A. Oldewurtel

(a) Residence: No. 2532 E. Baltimore St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Edw. G Oldewurtel

6. DATE OF BIRTH (month, day, year) Feb 29/1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Emmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Oldewurtel
(Address) 2532 E. Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 31 32 19
Lilly & Baker Inc.

19. UNDERTAKER 1003 Madison Ave.
(Address) Huntington Williams, N.Y.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.10 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency-shock	
Other contributory causes of importance: Accidentally fell down stairs in home & fractured femur at hip May 23/32	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Haines M. D.
Coroner

(Address) 1086 Arnold Ave

Spec.—1-10-21—M&T—1500 Blks.

Graham

E 80173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80173

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Herman Hospital (St.) 27-48 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Graham

(a) RESIDENCE NO. 814 Cedarcroft Road St., ... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17th 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	13	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child 600

(b) General nature of Industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George A. Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Myrtle Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant's (Address) Mrs. Graham 814 Cedarcroft Road

15 MAY 31 1932 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1931, to May 30, 1932.

that I last saw her alive on 5/30, 1932,

and that death occurred, on the date stated above, at 9 30 Am.

The CAUSE OF DEATH* was as follows:

Chronic Multiple Osteomyelitis

Pyemia (duration) 3 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Toxemia, Cardiac Failure (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 14, 1932

Was there an autopsy? No

What test confirmed diagnosis? Typical Clinical Exam.

(Signed) A. T. Vosteel M. D.

, 19 (Address) 4 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL June 1st 1932

20 UNDERTAKER H. Stewart Gore ADDRESS 2324 Pennsylvania Ave

Director

TION IS very important. See instructions on back of certificate.

M. D. H. 1268-3

E 80174 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80174

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Stricker St., 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Smith

(a) Residence: No. 1014 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE — Years 60 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thos Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Fox

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Walter Smith

(Address) 1012 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date AUG 19 1932, 19

19. UNDERTAKER

(Address) 1 E. Lexington St., Baltimore, Md.

20. FILED AUG 19 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1, 19 32 to August 17, 19 32

I last saw h alive on August 1, 19 32. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leo Kirk Coroner, M. D.

(Address)

M. D. B. 1266-9

E 80175

80175

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N. Carlton St.) (or) (Ward) 16-23

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Davis

(a) Residence: No. 1010 N Carlton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Davis

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years 72 Months Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alice Davis

(Address) 1010 Carlton

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 32

22. I HEREBY CERTIFY That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 months

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address)

M. D. H. 1268-9

E 80176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80176

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Stone

(a) Residence: No. Birmingham Alabama St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
23	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham Alabama

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Field Date May 21, 1932

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O O Herzog M D Coroner M. D.

(Address) 1305 N Patterson Pk Ave

80177 Bolesław Gronski ✓ E 80177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bolestaw Gronsky

(a) Residence: No. 105 E. Ensor St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Gronski

6. DATE OF BIRTH (month, day, year) unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Long Shoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Antoni Gronski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Gronski
(Address) 105 E. Ensor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 1932

19. UNDERTAKER Wm. F. Kenny
(Address) 1920 Eastern Ave

20. FILED JUN 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18 1932 to May 29 1932. I last saw him alive on May 28 1932. Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Septicaemia	5/2/32
2) Acute Glomerular Nephritis	5/2/32
3) Myocardial failure	5/29/32
Other contributory causes of importance:	
1) Panophthalmitis - right	5/2/32

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milford H. Sprecher, M. D.
(Address) University Hospital.

1-30—M. & T.—100 B—50L

B 80178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80178

CERTIFICATE OF DEATH

183

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Clinton St ST. 26-1 WARD)

2-FULL NAME Warren E. Barrows

(a) RESIDENCE NO 1101 S. East St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
11 10	11	9	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Charles H Barrows

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary L Wiese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary Barrows

(Address) 1101 S East St

15 Filed ..... 192 ..... Registrar

1 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. D. Herzog M.D. M. D. Coroner

5/30, 1932 (Address) 1205 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemty

DATE OF BURIAL June 1, 1932

20 UNDERTAKER John F. Moran

ADDRESS 3009 E. Balto St.

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 80179

E 80179

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (St., or) 19-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Laidley Jr. (Lieb)

(a) RESIDENCE NO. 600 N. Luzerne Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or WIFE of)

6 DATE OF BIRTH (month, day, and year) June 4, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Mfg.

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Thomas Laidley, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Clarson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records.

(Address)

15 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30/32

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 30, 1932, that I last saw h alive on May 30, 1932, and that death occurred, on the date stated above, at 2:50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

Cachexia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 600 N. Luzerne Ave.

Did an operation precede death? Yes. Date of 5/25/32

Was there an autopsy? No.

What test confirmed diagnosis? Gen. Findings.

(Signed) Talbot R. Wilkinson, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa.

DATE OF BURIAL June 2 1932

20 UNDERTAKER Wm. C. Miller & Son

ADDRESS 2334 Jefferson St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80180

CERTIFICATE OF DEATH

E 80180

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 928 E. Preston St. St., 10-14 (Ward)

Length of residence in city or town where death occurred 40 years ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John H. Trimble

(a) Residence: No. 928 E. Preston St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Rebecca Trimble

6. DATE OF BIRTH (month, day, year) Sept. 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	74	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trimble & Fink

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME James R. Trimble

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cordilia Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Iris T. Strasinger
(Address) 348 Whitridge Ave. T.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 1, 19 32

19. UNDERTAKER Wm. J. Tichnor Son
(Address) North & Eutaw.

20. FILED 6-1-1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931, to May 30, 1932
I last saw him alive on May 28, 1932 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and endocarditis	about 5 yrs.
Other contributory causes of importance:	
myocardial insufficiency	6 mos.

Name of operation None Date of .....
What test confirmed diagnosis? typical evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Bro. B. Lybert, M. D.
(Address) 2802 Harford Ave.

M. D. B. 1268-9

80181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80181 E 80181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Charlcote Rd St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Wilbert Pierce

(a) Residence: No. 4201 Charlcote Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Norman Pierce

6. DATE OF BIRTH (month, day, year) Jan 5 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxbury Mass.

FATHER

13. NAME Moses Day

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Sarah Sessions.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mrs Robert W. Leetch

(Address) 4201 Charlcote Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Buffalo NY Date May 31. 1932

19. UNDERTAKER Wm. Tuke Sons

(Address) North & Pa. Aves.

20. FILED 1932 Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-8 1932. to 5-30 1932.

I last saw h[illegible] alive on 5-29 1932. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
HYPERTENSION	?
MYOCARDIAL INSUFFICIENCY	1931

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Jones, M. D.

(Address) 1129 St Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80182 E 80182

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Baltimore City Hospitals 18-26

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Orphelia Thretts

(a) Residence: No. 852 Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Feb. 29, ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Keesville Va.

FATHER

13. NAME: Silas Jennings

14. BIRTHPLACE (city or town) (State or country): Victoria Va.

MOTHER

15. MAIDEN NAME: Emma ?

16. BIRTHPLACE (city or town) (State or country): Keesville, Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: [illegible] 31 1932

Place: [illegible]

19. UNDERTAKER (Address): [illegible]

31 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to May 28, 1932

I last saw her alive on May 28, 1932. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	5/20/32

Other contributory causes of importance:

Hypertension & Arteriosclerosis	Unk

Name of operation: ..... Date of: .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John G. Elmore M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

(Celia Turner)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80183 E 80183

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Park ave) (S.) (11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Turner

(a) Residence: No. 918 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Louis Turner

6. DATE OF BIRTH (month, day, year): 7/24/04

7. AGE: Years 27 | Months 9 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Woods Laundry

10. Date deceased last worked at this occupation (month and year): 5/31/32

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Jack Edgerton

14. BIRTHPLACE (city or town) (State or country): S. Carolina

MOTHER

15. MAIDEN NAME: Mary Simmons

16. BIRTHPLACE (city or town) (State or country): S. Carolina

17. INFORMANT: Louis Turner
(Address) 918 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 31, 1932

19. UNDERTAKER: Mont H. Ellis
(Address) 1323 Eutaw pl Baltimore, Md.

20. FILED 6-1-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/31/32

22. I HEREBY CERTIFY, That I attended deceased from 3/19/32, 19..., to 5/31/32, 19... I last saw h alive on 5/29/32, 19... Death is said to have occurred on the date stated above at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cal. Tuberculosis	3/19/32
Other contributory causes of importance: Anemia	3/19/32

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) K. Lee Pharr, M. D.

(Address) 924 North ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80184

CERTIFICATE OF DEATH

159 E 80184

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 W. Franklin St. 18-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Williams

(a) Residence: No. 805 W. Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	(5 hours)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Ptd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Williams
14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Harriett Coates
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harriett Williams
(Address) 805 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL.
Place Greenmount Md Date May 31, 1932

19. UNDERTAKER Department of Public Health
(Address) 501 to 5 Holliday St

20. Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932 to May 29, 1932
I last saw her alive on May 29, 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (34 wks)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank [illegible] M. D.
(Address) [illegible]

Filed 6-1-1932

M. D. R. 1268-9

80185 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 80185

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Brent St., 14-20 Ward.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth?.....yrs. .....mos. .....ds.

2. FULL NAME Baby Neil Ray

(a) Residence: No. 1823 Brent St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Baby

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) 5-27-32

7. AGE Years	Months	Days	If LESS than 1 day old hrs. or min.
		1	31

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beth. Md.

FATHER

13. NAME Thomas Ray

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Ray
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 31 32

19. UNDERTAKER Baltimore Health.
(Address)

1932 Huntington Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-32. 19

22. I HEREBY CERTIFY, That I attended deceased from May 27. 1932. to May 28 1932

I last saw h[illegible] alive on May 27. 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Foetal Syphilis.

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Alexander Hoey M. D.

(Address) 1876 Madison ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80186

CERTIFICATE OF DEATH

34 E 80186

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 22-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lafayette Carpenter

(a) Residence: No. 42 E. York St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frances

6. DATE OF BIRTH (month, day, year): June 9, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)? 11. Total time (years) spent in this occupation?

12. BIRTHPLACE (city or town) (State or country): Lapeer Mich.

FATHER

13. NAME: Adelbert Carpenter
14. BIRTHPLACE (city or town) (State or country): ? Mich.

MOTHER

15. MAIDEN NAME: Mary Casey
16. BIRTHPLACE (city or town) (State or country): ? Mich

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date May 31, 1932

19. UNDERTAKER
...
...
31 1932 Huntington Funeral Home
... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931 to May 27, 1932

I last saw him alive on May 27, 1932. Death is said to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/20/32
Other contributory causes of importance: Syphilis ? C.V.D. - Tabes Dorsalis	1928

Name of operation: None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Shroyer Jr. M. D.
(Address) Balto. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80187

E 80187

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth 55 yrs. mos. ds.

2. FULL NAME Ameil Kock

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1857 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
752			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Germany

FATHER

13. NAME William Kock

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Universal, Md Date May 31, 193

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 32

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1927 to May 28, 32

I last saw him alive on May 28, 32 Death is said to have occurred on the date stated above, at 12:15 P. M.

The principal cause of death and related causes of importance were as follows:

Heart disease, Arteriosclerotic — Date of onset Feb 1924

Immediate fibrillation

Other contributory causes of importance: Arteriosclerosis, Senile

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Glennon Jr M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

E 80188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80188

261252

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 5-4 (Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Brown

(a) Residence: No. 224 N Carolina St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 16 32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Willie Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Watson

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date May 31 19 32

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932 to May 28 1932

I last saw him alive on May 28, 1932 Death is said to have occurred on the date stated above, at 4.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas neonatorum	5-26-32

Other contributory causes of importance:

Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80189 48 E 80189

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 W. North Avenue St., 15-67 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Anna T. Wolfsheimer

(a) Residence: No. 3030 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon N. Wolfsheimer

6. DATE OF BIRTH (month, day, year) March 31, 1878

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Kroener
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Amelia Fortman
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. R. E. Ritchie
(Address) 3030 W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Mausoleum Date June 1 19 32

19. UNDERTAKER
(Address) 1603 W. Baltimore St.

20. FILED 11932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept, 19 30 to May 31, 19 32
I last saw her alive on May 29, 1932 death is said to have occurred on the date stated above, at 4.23P a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary malignancy, Cardiac Area, with metastases to lung	
Other contributory causes of importance: cachexia, anemia, pneumonia, arteriosclerosis	

Name of operation Exploratory laparotomy Date of Mar 32
What test confirmed diagnosis? Exploration of Cardiac region Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N.A. Date of injury 11, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter A. Strachan M. D.
(Address) 3300 Dudley Ave.

M. D. B. 1268-9

80190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80190

261265

CERTIFICATE OF DEATH

34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 20-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Upperco (Walter M. Upperco)

(a) Residence: No. 3420 W Belvedere Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearle Ida Upperco

6. DATE OF BIRTH (month, day, year) March 6, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Work Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daniel Miller Co. 623

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Woodensburg Md

FATHER

13. NAME Dixon Upperco

14. BIRTHPLACE (city or town) (State or country) Woodensburg, Maryland

MOTHER

15. MAIDEN NAME Anna Mitten

16. BIRTHPLACE (city or town) (State or country) Westminster Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date June X 1932

19. UNDERTAKER Joseph Cook

(Address) 1005 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to May 29, 1932

I last saw alive on May 29, 1932 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?
Myocarditis	?
Emphysema	1920
Chr. Bronchitis	"

Other contributory causes of importance:

Syphilis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Wah Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Longcope, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

E 80191 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80191

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital St. 24-33 Ward)
Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. — mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Oliver Briscoe
(a) Residence: No. Avantfield Rd, Glenburnie, Ann Arundle Co., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Briscoe

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmhand
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Thomas Parish, Anne Arundel Co.
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Eddie Briscoe (Address) Glenburnie, Ann Arundle Co.
18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cem. Date June 1 1932
19. UNDERTAKER Walter B. Sorg (Address) 134 Mildenberg Ave.
20. FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1932
22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to Injury 19
I last saw him alive on Injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Crushed chest. Punctured lungs. Fractured ribs. — Date of onset 5/28/32

Other contributory causes of importance:

Run over by a truck — 5/28/32

Name of operation None Date of

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury 5/28 1932
Where did injury occur? Glenburnie, Ann Arundle Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Whittemore Farm Road.
Manner of injury Fell off truck & was run over
Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2500 E Madison St

M. D. B. 1268-9

80192

HEALTH DEPARTMENT—CITY OF BALTIMORE 80192

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 11-24 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Knight

1a) Residence: No. 1106 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE~~) Margaret Knight

6. DATE OF BIRTH (month, day, year) Apr 20th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Knight

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John M. Knight (Deceased)
(Address) 1106 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 1st 1932

19. UNDERTAKER Wm Cook
1217 St Paul St
Huntington Phillips, N.Y.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1630 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F C Herzog M.D. M. D.
Coroner

(Address) 2057 Patterson Park Ave

M. D. B. 1268-9

80193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80193

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Bond St. 8-13 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A. Waugh

(a) Residence: No. 1221 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Wm T. Waugh

6. DATE OF BIRTH (month, day, year): Mar 20th 1853

7. AGE: Years 78 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wm Shroud

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Small

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Stevenson
(Address) 1221 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 2nd 1932

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: June 1 1932 Huntingdon Phillipsburg, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to May 31 1932

I last saw her alive on May 30 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis — Date of onset 2

Other contributory causes of importance:

Uremia

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. Leitz Agnew M. D.

(Address) 1206 E. Preston

M. D. B. 1268-B

2E 1303

HEALTH DEPARTMENT—CITY OF BALTIMORE

2E 80194

CERTIFICATE OF DEATH

✓ B 80194

✓ 54-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lilly Fallon

(a) Residence: No. 374 Kendall Pl St., Ward. Columbus Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Thomas M Fallon

6. DATE OF BIRTH (month, day, year) Aug 11 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME William R Schaaner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Salome Schoch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Columbus Ohio Date May 31 1932

19. UNDERTAKER John O. Mitchell & Sons (Address) 90 Eastern Parkway, Brooklyn, N.Y.

20. FILED JUN 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25 1932 to May 31 1932

I last saw h alive on May 31 1932 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Hypophysectomy adenoma - Non malignant	1928

Other contributory causes of importance:

none

Name of operation Left Craniotomy Date of 5-31-32

What test confirmed diagnosis Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lloyd Leib M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 80195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 E 80195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2656 Harford Rd. St. 9-44 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Coates German

(a) Residence: No. 2656 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claude German

6. DATE OF BIRTH (month, day, year) Dec. 10, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Fred Seymour

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizebeth (Franklin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nellie H. Jamrich
(Address) 2656 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/2/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 . 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 . 1932 to May 31 . 1932

I last saw her alive on May 30 . 1932 Death is said to have occurred on the date stated above, at 4 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic heart disease	1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2700 Harford Rd.

M. D. B. 1268-9

E 80196

80196 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5011 Walther Ave. St., 27-44 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredrick Bittrick

(a) Residence: No. 5011 Walther Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Bittrick

6. DATE OF BIRTH (month, day, year) April 26, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Bittrick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H. Bittrick

(Address) 2806 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 6/2/32 19

19. UNDERTAKER

(Address)

20. FILED 6-1-1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16th 1932 to May 30 1932

I last saw h. in alive on May 29 1932 Death is said to have occurred on the date stated above, at 7 a m.

The **principal cause of death** and related causes of importance were as follows:

(a) Myocarditis,

Date of onset years. Chronic dent attack May 16/32

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H S Hardesty M. D.

(Address) 48 10 Belair Rd.

M. D. B. 1268-9

80197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80197

CERTIFICATE OF DEATH XV/31

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga St. 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Millard M. Shellmire

(a) Residence: No. Edgewood, Md. St., (near Lutherville Md.) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) ~~HUSBAND of~~ Mary Shellmire

6. DATE OF BIRTH (month, day, year) Oct. 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel Shellmire

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucilla Welch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife, Mary Shellmire

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Abingdon St Thomas Cemetery Date May 4, 1932

19. UNDERTAKER Howard R McKenna

(Address) Abingdon, Md

FILED 1000 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to May 31, 1932

I last saw h... alive on May 31, 1932 Death is said to have occurred on the date stated above, at 12:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio-sclerosis	2 yrs.
Chronic Nephritis	6 yrs.
Mitral Insufficiency &	
Hypertension	2
Pneumonia	2
Acute Myocardial Decompensation	2 weeks

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Simon Bruger, M. D.

(Address) Mercy Hospital

1-30—M. & T.—100 B—50L

E 80198

E 80198

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2300 W. Baltimore ST. 70-64 (WARD)

2-FULL NAME Ephraim Howard Robinson

(a) RESIDENCE NO. 2300 W. Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A.

6 DATE OF BIRTH (month, day, and year) Aug. 22, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ocella, Balto. Co. Maryland

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Miranda Diffey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Myrtle Hudson

(Address) 2300 W. Baltimore St.

15 Filed ..... 1932 ..... 192 Huntington Williams, Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(duration) suddenly yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy H. Cromwell M. D. Coroner

5/31 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL 6/1 1932

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Baltimore Md

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80199 ✓23 E 80199

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 McDonough St., 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Douglas

(a) Residence: No. 926 McDonough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a. If married, widowed, or divorced
(Husband of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Fred. Douglas

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah Thomas

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Sarah Douglas
(Address) 926 McDonough St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Cem Date June 1, 1932

19. UNDERTAKER Rayner Sander
(Address) 1403 Preston St

Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Hall Evans Coroner, M. D.
(Address) 606 E Lexington

AaCo. 5-31 250B

Sobeski

HEALTH DEPARTMENT—CITY OF BALTIMORE

80200Q

v 93 - E 80200

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 E. Fort Ave St. 24-35 Ward)

Length of residence in city or town where death occurred ....yrs 36 mos ....ds How long in U.S. If of foreign birth? 76 yrs. ....mos. ....ds.

2. FULL NAME Anna Cecilia Sobeski

(a) Residence: No. 1636 E Fort Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowe

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stanislaus Sobeski

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Stanislowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Rosky

(Address) 1636 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cross Date May 3 19 32

19. UNDERTAKER Hauck Brackman

(Address) 706 Gough St Baltimore, Md

20. FILED ....., 1932 ..... 19..... Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24th, 1932, to May 31st, 1932.

I last saw her alive on May 31st, 1932 death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Myocardial Insufficiency	May 20th

Other contributory causes of importance:

Sclerosis of Coronary Arteries

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury....., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Amelia E. Trump, M. D.

(Address) 1717 N Caroline St

M. D. B. 1265-9

80201

E 80201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. 22-30 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Stanly Balsmas

(a) Residence: No. 657 W. Pratt st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Balsmas

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 2 1932

19. UNDERTAKER John Greb Funeral Home
(Address) 423 S. Paca st.

20. FILED JUN 1 1932 Hunting Park Pimlico, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26 1932 to May 30 1932

I last saw him alive on May 30 1932 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lawrence W. Sena, M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

E 80202 E 80202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1632 W. Mulberry ST. 19-27 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Susie Elizabeth Brown

(a) RESIDENCE NO. 1632 W. Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Addison Brown

6 DATE OF BIRTH (month, day, and year) July 3, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	44	10	25 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Richard D. Williams

11 BIRTHPLACE OF FATHER (city or town) Clarksburg
(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Ellen Brooks

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co.
(State or country) Md.

14 Informant Lottie Christian
(Address) 1620 Pierce St.

15 Filed ...., 19 1-1932 Huntington Williams N.T.
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/32

17

I HEREBY CERTIFY, That I attended deceased from May 25, 19 32, to May 28, 19 32

that I last saw her alive on May 28, 19 32

and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Appoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Probably Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	June 19 32

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 922 Lafayette Ave

AaCo. 5-31 250B

80203 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80203

CERTIFICATE OF DEATH

59

Registered No. 15563

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 Garrison Blvd (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Coburn

(a) Residence: No. 3604 Garrison Blvd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Cornelius Coburn

6. DATE OF BIRTH (month, day, year): Dec 24 1842

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John Dougherty

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Margt Coburn

(Address) 3604 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place: Loraine Date: 6-1-1932

19. UNDERTAKER: Mrs Chas A G Ridde

(Address) 2327 Edmondson Ave

20. FILED 1932 ... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2-20, 19..20, to 5-30-32, 19..

I last saw h[illegible] alive on 5-27-32, 19.. death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis ... Date of onset 1920

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) [illegible], M. D.

(Address) 3400 Wolfe St

AACo. 5-31 250B

E 80204

E 80204 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~3301~~ St. Joseph's Hospital St. 8-16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Marie Schnabel

(a) Residence: No. 2301 E North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Feb 11th 30

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	2	3	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John Schnabel
14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Baker
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT John Schnabel
(Address) 2301 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 2 1932

19. UNDERTAKER Leo J. Leach
(Address) 1293 N Patt Park Ave.

20. FILED June 1 1932 Huntington Williams N.D.
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/32

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to May 31, 1932.
I last saw her alive on May 31, 1932 death is said to have occurred on the date stated above, at 5-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningoencephalitis	
Bronchial Pneumonia	7 days
Other contributory causes of importance:	
Marked Secondary Anaemia	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maynard Sydnor M. D.
(Address) St Joseph Hosp

AdCo. 5-11 250B

80205 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE80205

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6121 Overallave Raspberry St., 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 74 yrs. ... mos. ... ds.

2. FULL NAME Frederick Albrecht

(a) Residence: No. 6121 Overall ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kunikunda Albrecht

6. DATE OF BIRTH (month, day, year) Nov 20 1846

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
85	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal merchant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wurtenberg Germany

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Peter Albrecht
(Address) 6121 Overall ave

18. BURIAL, CREMATION, OR REMOVAL
St Matthews Cem Date June 2. 1932

19. UNDERTAKER Chas. S. Black
(Address) 742 W. Pratt ave

20. FILED JUN 1 - 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 30, 1932

I last saw h... alive on May ..., 1932 death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia	5/25
B Pneumonia	5/20
Other contributory causes of importance	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Barbara Frey, M. D.

(Address) Garden

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-E 30206

CERTIFICATE OF DEATH

206

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Curley St., 7-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Ruth

(a) Residence: No. 511 N. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John G. Ruth

6. DATE OF BIRTH (month, day, year) Aug 5, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Patrick Mc Ginn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Odowd

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband John G. Ruth
(Address) 511 N. Curley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 1 1932

19. UNDERTAKER Frank J. Pistone
(Address) 2815 E. Baltimore St.

20. FILED 1932 Huntington Lib Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931 to May 29, 1932

I last saw h[illegible] alive on May 29 1932 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 year
Other contributory causes of importance: Arthritis Deformans	3 years
—	—

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) M. L. Mayer, M. D.

(Address) 612 E. Baltimore St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80207 46 E 80207

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. ..... St. 15-22 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Fields

(a) Residence: No. 1325 N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: BUSHAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) Dec. 23, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50?	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — ? Ohio

FATHER

13. NAME — Silas

14. BIRTHPLACE (city or town) (State or country) — ? Ky.

MOTHER

15. MAIDEN NAME — Sarah Williams

16. BIRTHPLACE (city or town) (State or country) — ? Ohio

17. INFORMANT (Address) — Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Columbus Ohio Date June 2 1932

19. UNDERTAKER (Address) — Bros. Geo. K. Collard 1631 Druid Hill Ave

FILED May 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to May 26, 1932

I last saw h... alive on May 26, 1932 Death is said to have occurred on the date stated above, at 12:01 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyloid Disease Carcinoma of Colon	Aug 1931
Other contributory causes of importance: Anemia, secondary.	unknown

Name of operation none Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Elmore Jr M. D.

(Address) Balto. City Hosp.

Spec.—1-12-23—M&T—500 Blks.

80208

E 80208

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital 20-20 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes J Sorgler

(a) RESIDENCE NO. 162 S. Morley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno J. Sorgler

6 DATE OF BIRTH (month, day, and year) Feb 3 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
74	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Sorgler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Sorgler

(Address) 162 S. Morley St

15 Filed 1932 Huntington Williams N.P. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1932

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to May 31, 1932, that I last saw h[illegible] alive on May 31, 1932 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) A. J. Conrey, M. D.

5-31 1932 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Ce-

DATE OF BURIAL June 3 1932

20 UNDERTAKER Leonard J Rauch

ADDRESS 5[illegible] Thorson

80209 E 80209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Newkirk St St., 36-37 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Bailey

(a) Residence: No. 512 S. Newkirk St. St., 26 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 12th 1931

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME William Bailey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Agnes Knopp

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT William Bailey (Father)
(Address) 512 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn bur. Date June 2 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 703 S. Wolfe St.

20. FILED June 1 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28 1932 to June 1st 1932
I last saw him alive on May 30 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera Infantum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Adam Tod M. D.

(Address) 4616 Eastern Ave

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

80210

CERTIFICATE OF DEATH

82-0E 80210

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Ailsa Ave St. 27-44 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sabina Lohmeyer

(a) Residence: No. 2601 Ailsa Ave St. ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Lohmeyer

6. DATE OF BIRTH (month, day, year) Apr 20, 1850

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John A. Steiner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Rau

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Leyh

(Address) 2601 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 2, 1932

19. UNDERTAKER The Geo. John W. Teufel & Son

(Address) 501 W. Fayette St.

20. FILED ... Registrar.

-1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to May 30, 1932

I last saw h... alive on May 30, 1932 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas. Jones M. D.

(Address) 4 W. Hoffman St

A4Co. 5-31 250B

80211

HEALTH DEPARTMENT—CITY OF BALTIMORE

80211

CERTIFICATE OF DEATH

+ 54-002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-20 Ward 23

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Alberta Blue

(a) Residence: No. 149 Slate St. Danville Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Blue

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Danville Va Date 6-1 1932

19. UNDERTAKER Jas. W. Kinnard
(Address) Huntington, W. Va.

20. FILED J-1932 Huntington, W. Va. R.B.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1932, to 5-31, 1932

I last saw h... alive on 5-31 1932 Death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis,	unk
Secondary Uremia	
Myocardial Failure	
Pulmonary Embolism	

Other contributory causes of importance:

Name of operation Hysterectomy Date of 5-6-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Thrun M. D.

(Address) Provident Hospital

Spec.—9-30—A. & Cu.—250 Bks

80212 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80212

CERTIFICATE OF DEATH.

119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 W. Heath St. 23-32 WARD

2. FULL NAME Shelton E. Thompson Jr.

(a) RESIDENCE NO. 12 W. Heath St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if foreign born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 17, 1932

7 AGE — Years | Months | Days: 14 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Shelton E. Thompson Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Carolina

12 MAIDEN NAME OF MOTHER: Nettie A. Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Shelton E. Thompson Sr. (Address): 12 W. Heath St.

15 1932. Huntington Williams, Registrar

C. V. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1932 to June 1, 1932

that I last saw him alive on May 31, 1932

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. H. Langworth M. D.

6/1, 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet | DATE OF BURIAL: June 2nd 1932

20 UNDERTAKER: E Schloman & Son | ADDRESS: 1039 Hanover St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 80213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 80213

1-PLACE OF DEATH

City of BALTIMORE: (No. 3118 Woodland Ave 27-56 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E. Michael

(a) Residence No. 3118 Woodland Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M.

6-DATE OF BIRTH (month, day and year) March 19, 1892

7-AGE. 40 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Unknown

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Wm. H. Michael

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto. County Md.

12-MAIDEN NAME OF MOTHER. Annie M. Presley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto. County Md.

14- (Informant) Mary E. Bell

(Address) 3118 N. Woodland Ave.

15- Filed 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 30, 1932

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1932, to May 28, 1932, that I last saw h[illegible] alive on May 28, 1932, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal tuberculosis

(Duration) ? yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? "

What test confirmed diagnosis? Exam. of sputum

(Signed) John D. Quinn, M. D.

5-31, 1932 (Address) 1501 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Pk.	6/2 1932
20-UNDERTAKER. C. Vernon Lemmon	ADDRESS. 4611 Pk Hgts.

A4Co. 5-31 250B

80214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80214

CERTIFICATE OF DEATH

93-003

Registered No. 28-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Forest Park. Ave St. Ward.

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Jones

(a) Residence: No. 1919 Forest Park. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. Jones

6. DATE OF BIRTH (month, day, year) April 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, County

MOTHER FATHER

13. NAME George W. Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore, County

15. MAIDEN NAME Mary E. Proctor

16. BIRTHPLACE (city or town) (State or country) Baltimore, County

17. INFORMANT Annie J. Jones

(Address) 1919 Forest Park, Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 6/3 1932

19. UNDERTAKER Frederick A. Cole

(Address) Jos. W. Copeland & Co. Huntington, Williams, N.D.

20. FILED 6-1-1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 32, 19, to May 31, 1932

I last saw him alive on May 31 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Jan 1 32
Other contributory causes of importance:	
arterio-sclerosis	1926

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Hebbett, M.D.

(Address) 2220 Garrison Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80215

CERTIFICATE OF DEATH

46 E 80215

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 45? yrs. ... mos. ... ds. How long in U. S. If of foreign birth 45 yrs. ... mos. ... ds.

2. FULL NAME John Rose

(a) Residence: No. The Anchorage St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1864

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
68	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boatswain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Holland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) ?
(State or country) Holland

MOTHER

15. MAIDEN NAME Rugena Vanvale

16. BIRTHPLACE (city or town) ?
(State or country) Holland

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Leatherwood Date June 4, 1932

19. UNDERTAKER Chas. E. Miller
(Address) 2233 E. Pratt St

20. Filed 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to June 1, 1932

I last saw him alive on June 1, 1932 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Dec 1931
Cerebral hemorrhage	1 day

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jean G. Reed M.D.

(Address) Balto. City Hosp.

M. D. H. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80216

CERTIFICATE OF DEATH

128 E 80216

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 26-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard C. Klahold

(a) Residence: No. 3401 Bank St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Rev William C. Klahold

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Bertha Rosenbreck

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Rev Wm. C. Klahold
(Address) 3401 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Loretto Pa Date June 3, 1932

19. UNDERTAKER John C. Miller
(Address) 1435 E. Oliver St

20. FILED JUN 1932 Huntingdon Milliken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
History of hypo-glycemia (Probably of Pancreatic orgin)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jos H Carter, M. D. Coroner

(Address) 506 E Monument

Spec.—1-30—M. & T.—250 Bks.

E 80217

E 80217

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4366 Parkheights ave ST. 15-51 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bond

(a) RESIDENCE NO. 4366 Parkheights ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles E Bond

6 DATE OF BIRTH (month, day, and year): Oct 26, 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Easterstown Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. G. W. Bennett 4366 Parkheights Ave

15 Filed 2-1932, 19 Huntington Mills, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30, 1932

17

I HEREBY CERTIFY, That I attended deceased from May 30th 19 32, (to) May 30 19 32,

that I last saw her alive on May 30 19 32,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 1 hour ds.

CONTRIBUTORY (Secondary): Diabetes & Myocarditis

(duration) two yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Acute Hemorrhagic Nephritis

(Signed) Thos. H. Phillips M. D.

, 19 (Address) 906 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 6/2 19 32

20 UNDERTAKER: J M Cook

ADDRESS: 1217 Paul St

M. D. No. E 80218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80218

CERTIFICATE OF DEATH

48 V

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St. 2½-5th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Deborah Berovitz

(a) Residence: No. Belvedere Greenspring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 62 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs. Berovitz
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Rd. Date 6-2 1932

19. UNDERTAKER: Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED JUN 2 1932 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1932 to 6-1 1932

I last saw her alive on 6-1 1932 Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valular disease.	
Arteriosclerosis	
Tumor of Uterus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Edmund Kerr, M. D.

(Address) Levindale

E 80219

1-30—M & T—100 B—501.

80219

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO. 27-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 Wyndhurst Rd ST. WARD

2-FULL NAME Andrew J. Dodson

(a) RESIDENCE NO 704 Wyndhurst Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dodson

6 DATE OF BIRTH (month, day, and year) May 8/1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	23 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Austin J. Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary A. Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Estelle Hugh Dodson

(Address) 704 Wyndhurst Rd

15 Filed June 2 1932 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paroxysmal Tachycardia
Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

6/2, 1932 (Address) 3602 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northumberland Va

DATE OF BURIAL 6/2/32

ADDRESS 2016 Eutaw St

20 UNDERTAKER Phelps Henry

M. D. B. 1262-9

80220 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80220

CERTIFICATE OF DEATH

V 114-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3802 Ridgecroft Rd St., 27-41 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Stadt

(a) Residence: No. 3802 Ridgecroft Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — —

6. DATE OF BIRTH (month, day, year) June 24 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	11	45	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasoline Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nanticoke Pa

FATHER

13. NAME John Stadt

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary — —

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Mattie L. Mauer
(Address) 3802 Ridgecroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date June 4 19 32

19. UNDERTAKER Philip Sterling
(Address) 216 Fremont Ave

20. FILED June 2 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 19 32

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to June 1 1932

I last saw him alive on May 31 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	April 1 32.
Other contributory causes of importance:	
Arteriosclerosis	25 yrs ago.

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify miners asthma contracted

(Signed) J. S. Harding, M. D.

(Address) 4810 Belair Rd

M 80221

E 80221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH Sinai Hospital, Lemmount St. 2-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Weitzel

(a) Residence: No. 2226 Mc Elderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Louise Weitzel

6. DATE OF BIRTH (month, day, year) Mar 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Weitzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sebastina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Weitzel

(Address) 2226 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 3 1932

19. UNDERTAKER Philip Henry

(Address) 2016 Eutaw St

20. FILED JUN 2 1932 [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to May 31, 1932

I last saw him alive on May 31, 1932 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8 hrs.
Bronchopneumonia	4d.

Other contributory causes of importance Benign Hypertrophy of Prostate? Bladder Calculus?

Name of operation Removal of Bladder Calculus Date of operation May 10

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Goodman, M. D.

(Address) Sinai Hospital.

1-30—M & T—10B—50L

E 80222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80222

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 316 Pearl ST., (or WARD) 4-25

2-FULL NAME John Thompson

(a) RESIDENCE NO. 316 Pearl ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thompson

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hostler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer W. Md. R.R. Co

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. C. Thompson

(Address) 316 Pearl St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-1932.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

6/1, 1932. (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 2 1932

20 UNDERTAKER J. A. Brooks — ADDRESS 1463 N. Carey

M. D. B. 1268-9

E 80223

E 80223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Parkmont Ave. St. 26-42 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul E. Drinks

(a) Residence: No. 4207 Parkmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabelle Drinks

6. DATE OF BIRTH (month, day, year) Feb. 14, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Drinks

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Louis Drinks
(Address) 4207 Parkmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 4 1932

19. UNDERTAKER Frederick Tarrant Sr.
(Address) 7401 Belair Road.

20. FILED June 2 - 1932 Huntington Williams N.P. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2 1932 to May 31 1932

I last saw him alive on May 31 1932 Death is said to have occurred on the date stated above, at 7:56 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of prostate gland	
Chronic Intestinal Nephritis 2 years	
Oedema of Lungs.	

(Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert W. Webster M. D.

(Address) 6709 Belair Rd.

80224 E 80224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Guilford Ave. St. 12-50 Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Kabernagel,

(a) Residence: No. 2604 Guilford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) October 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Henry Kabernagel,
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Catherine Yewllman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss J. Kabernagel,
(Address) 2604 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cem. Date JUN 3 1932

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED 6-2-1932 Huntington Williams Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to May 31, 1932
I last saw h.. alive on May 31, 1932. death is said to have occurred on the date stated above, at 2-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Caecum (Large Bowel)	1930
Metastasis to Liver	1932

Other contributory causes of importance:

Name of operation Resection of Caecum Date of 1930
What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Billups, M. D.
(Address) 222 W. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80225

E 80225

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals 14-29 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sarah Jane Gibson

(R) Residence: No. 1503 Brunt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1852 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME James Chester ?

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 2, 1932

19. UNDERTAKER Geo. M. Colhouse Son
(Address) 638 N. Gilmor

JUN 2 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1929 to May 31, 1932

I last saw her alive on May 31, 1932 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	1929
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Jas. Glynn Jr. M. D.

(Address) City Hosp.

Physician

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80226

CERTIFICATE OF DEATH

80226

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3437 Guilford Ave. Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. McCullough

(a) Residence: No. 3437 Guilford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Thomas F. McCullough

6. DATE OF BIRTH (month, day, year) May 5th 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mc Quaid & Mrs. Gannon

(Address) 3437 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 6/4, 1932

19. UNDERTAKER other & Contractor

(Address) 1300 Harlem Ave. Huntington Williams Inc.

20. FILED JUN 2 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932, to June 1, 1932

I last saw her alive on May 31, 1932. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	Recent years
Other contributory causes of importance:	
Pernicious Anemia	6 mo

Name of operation None Date of None

What test confirmed diagnosis? Pt. Picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Thompson, M. D.

(Address) 2348 Eutaw Pl

MCo 581 Rev

30227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30227

23 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Edmondson Ave. St., 14-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Lewis

(a) Residence: No. 1512 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Lewis

14. BIRTHPLACE (city or town) (State or country) Fairfax Va

MOTHER

15. MAIDEN NAME Bessie Thompson

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Robert Lewis
(Address) 1512 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6-2-1932

19. UNDERTAKER Harry Carter
(Address) 516 Eq ave Baltimore, Md

20. FILED JUN 2 1932, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to June 1 1932

I last saw her alive on June 1, 1932 death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 mos
Ulcers	ago
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paste Bell M. D.
(Address) 1101 Fremont

E 80228

E-30 80228 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 ✓

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (NO. Pier 6 Pratt St. ST. 7-13 WARD)

2-FULL NAME ~~James Gibson (C)~~ Unknown

(a) RESIDENCE NO ~~1017 N. Gay St.~~ Do not know ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~20~~ yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know ~~Single~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Do not know ~~St. Marys Co. Md~~

PARENTS

10 NAME OF FATHER Do not know ~~John H. Gibson (C)~~

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know ~~St. Marys Co. Md.~~

12 MAIDEN NAME OF MOTHER Do not know ~~Cecia De Monies.~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know ~~St. Marys Co. Md.~~

14 Informant ~~Cassie Bullett (C) mother.~~ Police Report C.D.

(Address) Scotland, St. Marys Co. Md.

15 Filed 6-2-1932 Huntington Williams, M.D. Registrar ~~Director~~

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found May 29, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ethel Kenneth X ; M. D. Coroner

6/2/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buried by Health Dept. Potters Field Cemetery

DATE OF BURIAL 9/10/32 June 2 19

20 UNDERTAKER Mr. Katie P. Williams

ADDRESS 322 Schroeder

M. 80229

E 80229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1625

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2817 Ulman Ave St.) (15-38 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Keats
(a) Residence: No. 2817 Ulman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Keats
6. DATE OF BIRTH (month, day, year): 3/6/1850
7. AGE: Years 81 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Solomon
(Address) 2817 Ulman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 8-4- 1932

19. UNDERTAKER: Jos. Sommerdorf & Sons
(Address) 1112-20 Eutaw St. Baltimore, Md.

20. FILED 8-4- 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1932 to April 21 1932
I last saw her alive on Apr 21 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemiplegia — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Walter Flexner M. D.
(Address) 1939 Eutaw Place

E 80230

80230

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals St., 16-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Moffett

(a) Residence: No. 614 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Nov. 16, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76 ?	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liberty Md.

MOTHER FATHER

13. NAME James Work

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Nahalia Vickers

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 4, 1932

19. UNDERTAKER George W. Zibler

(Address) 1237 E. Eager St. Baltimore, Md.

20. FILED JUN 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to June 1, 1932

I last saw her alive on June 1, 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General + Cerebral	unk
Hemorrhage into Cerebrum	Jan 1931
Hypertension	unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Glennon Jr. M. D.

(Address) Balto. City Hosp.

80231 E 80231

258064 108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1700 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary P Gilmore

(a) Residence: No. 1100 Mystic Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Dave Bailey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Idelia Gilmore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 6/2/ 1932

19. UNDERTAKER Mrs Chas H. Bailey
(Address) 1421 Jefferson St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932 to May 31, 1932

I last saw her alive on May 31, 1932 Death is said to have occurred on the date stated above, at 1 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/30/32
Empyema	"
Pneumococcus Septicaemia	"

Other contributory causes of importance:
Prematurity

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. C. Goodwin, M. D.

(Address) Johns Hopkins Hosp

M 80232

E 80232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-48 131 V

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Woodbourne Ave. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 0 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary E. Regester

(a) Residence: No. 622 Woodbourne Ave. St. Govans Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel T. Regester

6. DATE OF BIRTH (month, day, year) Jan. 31, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Andrew Ray

14. BIRTHPLACE (city or town) ------- (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Bacon

16. BIRTHPLACE (city or town) ---------- (State or country) Maryland

17. INFORMANT Miss Beulah E. Regester
(Address) 622 Woodbourne Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery 6/3 1932

19. UNDERTAKER Henry W. Meakes and Son
(Address) 805 N. Eutaw St.
Huntingtown, Williams, N. [illegible]

20. FILED 6-3-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to June 1, 1932

I last saw h[illegible] alive on May 31, 1932 Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	1917
Ch. Ad Nephritis	1928
Ch Myocarditis	1928

Other contributory causes of importance:

Acute Cardiac Dilatation	6 d.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease, or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. W. Bryant, M. D.

(Address) 501 Shumate [illegible]

E 80233

E M. 80233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5208 (Street) Batalpha Rd (Ward) 27th

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Jr. Snyder

(a) Residence: No. 5208 Batalpha Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced (or) WIFE of: John A. Snyder

6. DATE OF BIRTH (month, day, year): Oct 25 1854

7. AGE: Years: 77 | Months: 7 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Pittsburg Pa

FATHER

13. NAME: James Murdock

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Frances Hunter

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Flola Wyse

(Address) 5208 Batalpha Rd

18. BURIAL, CREMATION, OR REMOVAL: Petersburg Pa 6/3 1932

19. UNDERTAKER: J. H. Mohan

(Address) 3800 E. Baltimore St

Hunting Park Avenue N.E.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1932 to June 1st 1932

that I last saw her alive on May 31st 1932 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Edema Pulm	
Other contributory causes of importance: Chronic Bright's Disease Chronic Myocarditis	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene F. Sadler M. D.

(Address) 3336 Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80234

CERTIFICATE OF DEATH

159 E 80234

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hosp.

CITY OF BALTIMORE: (No. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Burke.

(a) RESIDENCE NO. 707 Ravina Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 5-31-32

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
				4 Hours

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Daniel E. Burke.

11 BIRTHPLACE OF FATHER (city or town) Laurel Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ethel Virginia Brown.

13 BIRTHPLACE OF MOTHER (city or town) Alberton
(State or country) Md.

Informant Hosp Records.
(Address)

Filed June 2 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31-32

17 I HEREBY CERTIFY, That I attended deceased from 5-31-32, 19..., to 5-31-32, 19...,

that I last saw h alive on 5-31-32, 19...

and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs...mos...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul V. Clements, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

J. H. Med. College

DATE OF BURIAL June 2 19 32

20 UNDERTAKER

ADDRESS

Commissioner of Health.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80235 E 80235

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clinton J. Lee

6. DATE OF BIRTH (month, day, year) April 12, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Calvin Waggoner
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Pierson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clinton J. Lee
(Address) Glyndon Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Cem. Date June 5, 1932

19. UNDERTAKER J. F. Cline & Sons
(Address) Reisterstown Md

20. FILED 6-2-1932 Huntington Willigues M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932 to June 2, 1932
I last saw h.er alive on June 2 1932 death is said to have occurred on the date stated above, at 8 63 4m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Diabetes Gangrene	3 Mos.

Other contributory causes of importance:

Leucemia	2 wks
Chronic Myocardial Failure	

Name of operation Amputation Mid Thigh Left Date of 6/1/32

What test confirmed diagnosis Clinical Was there an autopsy? Biopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not to specify
(Signed) Wm. Gwynn Gardner M. D.
(Address) St. Joseph Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80236

CERTIFICATE OF DEATH

139 E 80236

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General 20-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Reva T. Osborne

(a) Residence: No. 154 Calhoun St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morton Osborne

6. DATE OF BIRTH (month, day, year) June 16 1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Howard Tuttle

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Alice T. Hanford

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Morton Osborne
(Address) 154 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/3/ 32

19. UNDERTAKER J. D. Wagner
(Address) 150 N. Eutaw St

20. FILED 6-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st 32

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to May 31, 1932.

I last saw her alive on May 31, 1932. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of left Fibular Hypertrophied Nephritis	5 28
Suppression - Anuria	5 29
Uremia	5 31
Myocardial failure	5 30-31

Other contributory causes of importance:

Bi-lateral salpingectomy. Appendectomy.

Name of operation None Date of 5-24-32

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) James W. Nelson, M. D.

(Address) 120 St Paul St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93E 003 80237

80237

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Highland Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Gephardt

(a) Residence: No. 424 N Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Gephardt

6. DATE OF BIRTH (month, day, year) March 4 185[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Huffnagle

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Nuttel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Mary Lane

(Address) 424 N Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 4 1932

19. UNDERTAKER [illegible]

(Address) 200 E Eutaw

Filed June [illegible] 1932

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19[illegible] to June 1 1932

I last saw her alive on June 1 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Data at autopsy

Senile sclerosis

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 80238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80238

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N Patterson Park Ave (ST.) 10 (WARD)

2-FULL NAME August Meidling

(a) RESIDENCE NO. 119 N Patterson Park Ave (ST.) WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence ie city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Minna Meidling

6 DATE OF BIRTH (month, day, and year) Apr 10, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	70	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Retired Merchant Ret 2 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture 045
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Meidling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Minnie Meidling
(Address) 119 N Patterson Ave

Filed 2 1932 Huntington Williams M.D. Register
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1930 to May 31 1934
that I last saw him alive on May 31 1932
and that death occurred, on the date stated above, at 9.05 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Arteriosclerosis

Chronic (duration) Yrs. Mos. Ds.

CONTRIBUTORY (Secondary) Paralysis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C W Meyer M. D.

6/2 1932 (Address) 1520 E 32nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — DATE OF BURIAL June 4 1932

20 UNDERTAKER John Ullrich — ADDRESS 2008 Orleans

M. D. B. 1268-9

(Champness)

80239

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 80239

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6513 Rosemont Ave. Ward 27-42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. if of foreign Birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Champness

(a) Residence: No. 6513 Rosemont Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Champness

6. DATE OF BIRTH (month, day, year) Aug 8 1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Michael Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wittig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Champness

(Address) 6513 Rosemont

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Cemetery Date June 4 1932

19. UNDERTAKER John McNiel

(Address) 2005 Eutaw Pl.

20. FILED June 2 1932. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to June 1, 1932

I last saw her alive on May 25, 1932. Death is said to have occurred on the date stated above, at 1 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocardial Insufficiency	April 15
(b) Hypostasis	

Other contributory causes of importance:

Acute Gastric Dilatation	June 1
Pulmonary Edema	

Name of operation None Date of —

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. J. Keyser M. D.

(Address) 156 N. Wilton Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80240

CERTIFICATE OF DEATH.

110 E 80240

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2206 E Hoffman St., 8-16 (WARD)

2-FULL NAME Frank J Snyder

(a) RESIDENCE NO. 2206 E Hoffman St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Katherine Walter

6 DATE OF BIRTH (month, day, and year) Dec 21 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer 011

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Mathew Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bridget Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Katherine Snyder
(Address) 2206 E Hoffman

15 Filed ..... 1932 ..... By Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1932

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 31, 1932.

that I last saw h in alive on May 31, 1932.

and that death occurred, on the date stated above, at 1 - a.m.

The CAUSE OF DEATH* was as follows:

Acute Septicaemia Pneumonia

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

+ Infarction (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Harry E Smyrald M. D.

5/31 1932 (Address) 613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL June 4 1932

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

M. D. H. 1268-9

80241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80241

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. 28th St St., 9-46 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John P. Walter

(a) Residence: No. 1528 E. 28th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Ottilie Walter

6. DATE OF BIRTH (month, day, year): Jan 24/1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: John G. Walter

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Pittroff

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Tina Walter, 2747 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Cem Date: June 4, 1932

19. UNDERTAKER (Address): John Lechner, 2028 Pennsylvania Ave, Huntingdon Philadelphia, Pa.

20. FILED: 6-2-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John J. Oliver, M. D. Coroner

(Address) 5086 Knox Ave

M. D. B. 1268-9

E 80242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80242

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Kirk Ave 9-46 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence M. Green

(a) Residence: No. 2809 Kirk Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Daniel S. Green

6. DATE OF BIRTH (month, day, year) Nov 19th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	5 6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME David Ebaugh

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Crisp

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Florence M. Wagner

(Address) 2809 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 3rd, 1932

19. UNDERTAKER Wm Cook

(Address) 217 N Paul St

20. FILED 6-2-1932, 19— R. G. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to May 31, 1932

I last saw her alive on May 31, 1932 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset .....

Other contributory causes of importance:

Carcinoma

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. O. Carman, M. D.

6-1-32 (Address) 1701 N Carolina St

M. D. B. 1268-9

Walter R Hart

HEALTH DEPARTMENT—CITY OF BALTIMORE

80243

CERTIFICATE OF DEATH

97 Ê 80243

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Sargeant St.) 21-29 (Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter R Hart

(a) Residence: No. 1218 Sargeant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Elizabeth M Hart

6. DATE OF BIRTH (month, day, year) 1-6-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) Nov 27-1927

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa

FATHER

13. NAME Alfred T Hart

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Gilgore

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Elizabeth M Hart
(Address) 1218 Sargeant

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 4th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

2 JUN 1932 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30- 1927 to June 2nd 1932

I last saw him alive on June 1st 1932 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	7 yrs.
Other contributory causes of importance:	
Uraemia	3 day

Name of operation not any Date of ✓

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) G. G. Buxton M. D.

(Address) 204 East Cross St

M. D. B. 1268-0

80244 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 80244

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 00 yrs. mos. ds.

2. FULL NAME Frank Stubel

(a) Residence: No. 111 N. Rose St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Freda

6. DATE OF BIRTH (month, day, year) Nov. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 ?	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date June 4th 1932

19. UNDERTAKER Wm Bork

(Address) 1219 St Paul St

Huntington Telegram, Huntington, W. Va. Registrar.

FILED 2 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932 to June 1, 1932

I last saw him alive on June 1, 1932 Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hypertension, Ether~~	
Carcinoma of Stomach	
Other contributory causes of importance: Anemia, secondary	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jas. Arnold Jr. M. D.

(Address) Balto. City Hos.

Spec.—1-30—M. & T.—250 Blks

C 80245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80245

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 E. Chase ST., 8-13 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Kellum

(a) RESIDENCE NO. 1514 E. Chase ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus Kellum

6 DATE OF BIRTH (month, day, and year) Apr. ? 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	43	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Parsonburg Md.

PARENTS

10 NAME OF FATHER George Gordy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Parsonburg Md.

12 MAIDEN NAME OF MOTHER Jennie Gordy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Rufus Kellum
(Address) 1514 E. Chase

15 Filed _____, 19 _____ Registrar _____

2-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1. '32

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to June 1, 1932, that I last saw h[illegible] alive on June 1, 1932, and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) _____ yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Uremia, Pulmonary Edema (duration) _____ yrs. _____ mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. McGarry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL June 4 1932

20 UNDERTAKER Robert W. Williams

ADDRESS 1515 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80246

CERTIFICATE OF DEATH.

E 80246

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408. E. Chase ST. 10-14 (WARD)

2-FULL NAME Emma Dixon

(a) RESIDENCE NO. 1408. E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ^ mos. ^ ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Emanuel Dixon

6 DATE OF BIRTH (month, day, and year) May 8 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	^ ^	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): ^ ^ ^

(c) Name of employer: ^ ^ ^ ^

9 BIRTHPLACE (city or town) (State or country): Cambridge Maryland

PARENTS

10 NAME OF FATHER: Peter Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Maryland

12 MAIDEN NAME OF MOTHER: Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Maryland

14 Informant: Clarence Collins
(Address): 45 W. Dolphin St City

15 1932 - 1932. 19 Huntington Village, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 1 1932

17 I HEREBY CERTIFY, That I attended deceased from APR 27 1932 . 19 . to JUN 1 1932 . 19 .

that I last saw h[illegible] alive on JUN 1 1932 . 19 .

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Thrombus of heart

(duration) ^ yrs. ^ mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis after Influenza

(duration) 1 yrs. 6 mos. ^^ ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of ^ ^

Was there an autopsy? no

What test confirmed diagnosis? Clinical test

6/2, 1932 (Signed) Isaac F. Dutton M. D.

(Address) 928 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: June 1932

20 UNDERTAKER: Robert H. Williams ADDRESS: 1515 N. Eden St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80247

CERTIFICATE OF DEATH

92-E 80247

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Wilkens Ave. St.) 90-32 (Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Spittel

(a) Residence: No. 2221 Wilkens Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Spittel

6. DATE OF BIRTH (month, day, year) Jan. 2, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles H. Stuebing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Rudolph

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Spittel
(Address) 2221 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 3, 1932

19. UNDERTAKER Harry A. Fritzke
(Address) 4101 Edmondson Ave.

20. FILED 2-1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to May 30, 1932

I last saw her alive on May 30 1932 death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Colitis by Hist Chart	
Other contributory causes of importance:	

Name of operation Sigmoidoscopic Exam Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter A Coe, M. D.

(Address) 537 Cathedral Parkway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 5 98 80248

CERTIFICATE OF DEATH

× 51 E 80248

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 - 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr Charles McCauley

(a) Residence: No. 116 S Potomac St., Ward. Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/16/53

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 54

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry McCauley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Turpin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date June 6 1932

19. UNDERTAKER C. M. Suter & Son

(Address) Hagerstown Md

1932 Huntington Pittsfield, N.Y.

20. FILED ..... 19 ..... A. C. H. Director or Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to June 2, 1932

I last saw h[illegible] alive on June 2, 1932 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder tumor	
benign prostatic hypertrophy	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Transplantation of ureters to Epision of bladder tumor Date of May 11 1932

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wilbur E. Sprong M. D.

(Address) Johns Hopkins Hospital.

80249 S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 80249

94-002

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 628 S Linwood ave ST. 9-2 WARD)

2—FULL NAME Frank ziegenhein

(a) RESIDENCE NO. 628 S Linwood ave ST., WARD

(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia C

7 DATE OF BIRTH (month, day, and year) 1857

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	22	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. G. Francis

(Address) 628 S Linwood ave

15 Filed JUN 3 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 32

17 I HEREBY CERTIFY, That I attended deceased from Feb 3 1932, to June 1 1932, that I last saw h[illegible] alive on June 1st 1932 and that death occurred, on the date stated above, at 10.05 P.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Heart + Autopsy

(Signed) D S Thrower M. D.

June 2, 1932 (Address) 3015 Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem — DATE OF BURIAL June 4 1932

20 UNDERTAKER John J Duda — ADDRESS 2811 Hudson St

E 80250

1-80250 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Fait Ave ST. 1-3 WARD)

2-FULL NAME Walter Koros. Jr

(a) RESIDENCE NO 2409 Fait Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2 1932

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none yet
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Walter Koros

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Ozaya

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Karol Ozaya
(Address) 3038 Dillon St

15 Filed ..... 192 ..... Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac malformation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Ackers md Coroner, M. D.

(Address) 1925 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem

DATE OF BURIAL June 3 1932

20 UNDERTAKER John J Pudo

ADDRESS 2811 Hudson St

M. D. B. 1268

80251

E 80251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-58 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Shulman

(a) Residence: No. 2834 Boarman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8 - 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nathan Shulman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Goldstein

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Jack Levin Son

(Address) 1439 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mast Rd Date 3/3/32 19

19. UNDERTAKER Jack Levin Son

(Address) 1439 E. Baltimore St

20. FILED 1932 Huntington Ave Mortuary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1932, to June 3, 1932

I last saw h. alive on June 3, 1932. Death is said to have occurred on the date stated above, at 4:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Chronic Myocarditis	1929

Other **contributory causes** of importance:

Acute Rheumatic Endocarditis

CCVD (Cardiac Hemorrhage and Insufficiency) Mitral Stenosis and Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M B Kresh, M. D.

(Address) Sinai Hosp.

E 80252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80252

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18-26 Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Smith

(a) Residence: No. 846 N. Amity st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 25, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

MOTHER FATHER

13. NAME Ephrien Smith

14. BIRTHPLACE (city or town) ...
(State or country) Maryland

15. MAIDEN NAME Margaret Moffett

16. BIRTHPLACE (city or town) ...
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6-3-32

19. UNDERTAKER Frank Eastlack
(Address) 916 E Fayette

20. FILED 6-3-1932 Huntington Williams, M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to June 1, 1932

I last saw him alive on June 1, 1932 Death is said to have occurred on the date stated above, at 3 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	11 wks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Lawrence M. Sena, M. D.

(Address) Baltimore City Hospitals

80253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80253

CERTIFICATE OF DEATH

V82-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 27 Ward 8

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Winifred Byrd

(a) Residence: No. 723 Holden Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/8/97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	11	26 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 5/28/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

FATHER

13. NAME Fred Thrumston

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Lore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Winifred Byrd
(Address) 723 Holden Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield, Md. Date 6/5 1932

19. UNDERTAKER L. J. Dawson
(Address) Crisfield Md.

20. FILED 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2/32 19

22. I HEREBY CERTIFY, That I attended deceased from 5/31/32, 19..., to 6/2/32, 19...
I last saw h.er alive on 6/2/32 19... death is said to have occurred on the date stated above, at 11:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of Nose	5/22/32

Other contributory causes of importance:

Cavernous Sinus Thrombosis	6/1/32

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital

M. D. B. 1268-9

80254 HEALTH DEPARTMENT—CITY OF BALTIMORE 80254

48

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 47 E Hughes St., 27-33 Ward

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leah Stanley

(a) Residence: No. 47 E Hughes St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) April 11-1886

7. AGE — Years 46 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (City or town) (State or country) Colbert Co Ala

FATHER

13. NAME Adam D Fields

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Phillips

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leo Thurston 47 E Hughes St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem June 3 1932

Place

19. UNDERTAKER Samuel J. Kingsley

(Address) 318 N. Eden St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16 1932 to May 31 1932

I last saw her alive on May 31 1932 Death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus — Date of onset 1931

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation Aug 1931 - hysterectomy Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Benjamin Keller, M. D.

(Address) 2030 E Eden Ave.

M. D. B. 1268-9

E 80255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80255

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6512 Baltimore Ave. Dundalk 36-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN P. GARRETT

(a) Residence: No. 6512 Baltimore Ave, Dundalk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Garrett

6. DATE OF BIRTH (month, day, year) May 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	17 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conveyor Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke Oven & Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Cyrus Garrett

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Knoll

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Alice Garrett (Wife)
(Address) 6512 Baltimore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery Place June 5, 1932 Date

19. UNDERTAKER Henry Sander & Sons. Inc.
(Address) Baltimore St. & Broadway

20. FILED JUN 3 - 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29th, 1930 to June 2nd, 1932

I last saw him alive on June 2nd, 1932 Death is said to have occurred on the date stated above, at 12.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	2 yrs.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? P. M. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Ann Reemelin M. D.

(Address) Dundalk, Md.

E.D. 80256

E 80256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 1-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 S. Streeper St. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY E. MILLER

(a) Residence: No. 504 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Miller

6. DATE OF BIRTH (month, day, year) June 18, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Knierniß

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs William Nelson (Daughter)

(Address) 504 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date June 4, 1932

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore St. & Broadway.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to June 2, 1932

I last saw her alive on June 1, 1932 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chronic Myocardial Insufficiency.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease ~~or injury~~ in any way related to occupation of deceased?

If so, specify .....

Signed Eugene Talbot, M. D.

6/3/32. (Address) 2139 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 80257 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80257

CERTIFICATE OF DEATH 93-003

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 5633 Reisterstown Road ST. 21-55 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Ziegler (J. Harry Ziegler)

(a) RESIDENCE NO. 5633 Reisterstown Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Ziegler

6 DATE OF BIRTH (month, day, and year): June 24, 1868

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	63	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Post Master 086

(b) General nature of industry, business, or establishment in which employed (or employer): City Hall, Balto., Md.

(c) Name of employer: Mx

9 BIRTHPLACE (city or town) (State or country): Frederick, Maryland

10 NAME OF FATHER: William H. Ziegler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick, Maryland

12 MAIDEN NAME OF MOTHER: Ellen Haller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick, Maryland

14 Informant: Mrs. Annie Ziegler
(Address): 5633 Reisterstown Road

15 Filed JUN 3 - 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to May 31, 1932, that I last saw h[illegible] alive on May 31, 1932, and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism (2 wks)
Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) hypostatic pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? phys. & clinical symps.

(Signed) Fortus L. Taggott M. D.

5/31. 1932 (Address) 2229 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: June 3 1932

20 UNDERTAKER: Robt B Cook

ADDRESS: 1003 West Baltimore St.

M. D. H. 1268-9

E 80258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80258

2601

CERTIFICATE OF DEATH

X V 130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bolivar Ray

(a) Residence: No. 723 Oak St. St., ... Ward. Jacksonville Fla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 8/7/89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Express messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

MOTHER FATHER

13. NAME Bolivar Ray

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Carrie Parsons

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date June 3 1932

19. UNDERTAKER Geo. H. Tittle
(Address) 220 Edmondson Ave

20. FILED JUN 3 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to June 2, 1932

I last saw h.... alive on June 2, 1932 Death is said to have occurred on the date stated above, at 3:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contracture of vocal cords	One year
Suppression of urine; coma	May 22 '32

Other contributory causes of importance:

Name of operation Rectoscopic Date of May 25 32
by forceps examination

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Wilbur L. Stone, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 80259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80259

CERTIFICATE OF DEATH

94-062

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 6-9 (Ward)

Length of residence in city or town where death occurred XX yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Rabinowitz

(a) Residence: No. 214 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Rabinowitz (Address) 214 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Hebrew pt Carmel Rd Date May 3 . 1932

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto St

20. FILED JUN 3 1932 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1932 to June 3 . 1932

I last saw h[illegible] alive on June 3 . 1932 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	48 hours

Other contributory causes of importance:

arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. B. Kirsh . M. D.

(Address) Sinai Hosp

Cor.—10-10-29—A Co.—100 Bks.

80260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80260

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Maryland General Hospital St. 22-31 Ward)

2-FULL NAME Gladys Margaret Reinhold

(a) RESIDENCE NO. 1309 S. Hanover St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER John H. Reinhold

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Gertrude M. Lamdin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant John H. Reinhold
(Address) 1309 Hanover St.,

15 Filed JUN 3 1932 19 Huntington Titus, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Regular

What test confirmed diagnosis?

(Signed) Harold Leavitt, M. D.

June 2nd 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	June 4 1932
20 UNDERTAKER John F. Denny	ADDRESS 715 Lights

Important. See instructions on back of certificate.

M. D. B. 1268-9

80261

E 80261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Shakespear St. St., 4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mateusz Slomczynski

(a) Residence: No. 1606 Shakespear St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adela Slomczynski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Slomczynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adela Slomczynski
(Address) 1606 Shakespear St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lowden Pk. Date June 4 1932

19. UNDERTAKER A. M. Gryzewski
(Address) 1900 Eastern Ave

20. FILED JUN 3 1932 Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 1932 to June 1 1932

I last saw him alive on June 1 1932 Death is said to have occurred on the date stated above, at 8:5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1930

Other contributory causes of importance:

Cardiac Exhaustion	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Rysanek M. D.

(Address) 801 Eastern Ave

M. D. R. 1268-9

E 80262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80262

CERTIFICATE OF DEATH

Registered No. 622

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Henderson

(a) Residence: No. 110 N. Carlton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 6, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62 ?		~5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfax (State or country) Va.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) Fairfax (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Wilkinson

16. BIRTHPLACE (city or town) Fairfax (State or country) Va.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June ..., 19..

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..., 19.. [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 31, 1932

I last saw h... in alive on May 31, 1932 Death is said to have occurred on the date stated above, at 1:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra endemic	more than 2 months
arteriosclerosis,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Balto. City Hosp.

E 80263

E 80263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Mount St. 16-23 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Walthall

(a) Residence: No. 719 N Mount St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Andrew Walthall
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Olive Parran
16. BIRTHPLACE (city or town) (State or country) Calvert County Md

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Date June 2, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED June 1 1932 6968 Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to June 1, 1932; I last saw h[illegible] alive on June 1, 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Premature Birth (34 wks)

Date of onset

Other contributory causes of importance:

Term #1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis H. Kaufman M. D.

Address 1500 E. Pratt St.

AACo. 5-31 250B

E 80264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80264

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Ward) 45

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Davis

(a) Residence: No. 2605 Chesterfield Ave., Ward. Mat
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Juanita Davis
(or) WIFE of ~~Mr. Samuel~~ Davis

6. DATE OF BIRTH (month, day, year) June 2 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~0~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Carroll Franklin Davis

14. BIRTHPLACE (city or town) (State or country) Falls Mt.

MOTHER

15. MAIDEN NAME Juanita Schaefer

16. BIRTHPLACE (city or town) (State or country) Livingston Mont

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph's Cem. Date June 3, 1932

19. UNDERTAKER Harry Williams
(Address) Huntingtown Md

20. FILED JUN 3 1932 (Signature) Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/2/32 1 PM, 19..., to 6/2/32 1 PM, 19...
I last saw her alive on 6/2/32, 19... death is said to have occurred on the date stated above, at 1 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anencephalus	
Prematurity (8 mos)	
(lived 10 mins)	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) E. Baumgardner M. D.
(Address) St Joseph's Hosp.

E 80265

80265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

261573

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. .mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Ingram

(a) Residence: No. Castleton St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-29-31

7. AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Paul Ingram

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minnie Mahaffy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Co Date June 4 19 32

19. UNDERTAKER H S Bailey
(Address) Darlington Md

JUL 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 2, 1932

I last saw h[illegible] alive on June 2, 1932 Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Disturbance Acute	5-31-32

Other contributory causes of importance:

Atrophic Infantile Diarrhoea	5-31-32

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

[illegible] injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins Hospital

Registrar

Director

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80266

CERTIFICATE OF DEATH

E 80266
Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 York Road St. 27-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. O'Connell

(a) Residence: No. 4805 York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth A. O'Connell

6. DATE OF BIRTH (month, day, year) Jan 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas F. O'Connell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Conway.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth Hassenkamp
(Address) 4805 York Road.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 6/4 1932

19. UNDERTAKER John J. Thorpe
(Address) 3600 E. Baltimore St.

20. FILED JUN - 1932 Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to June 2 1932.

Last saw him alive on May 16 1932. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. R. Goodyear M. D.

(Address) 2923 St Paul St.

AACo. 5-31 250B

(Burley)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80267 59 E 80267

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital 14-20 St. 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. Burley (Burley)

(a) Residence: No. 1515 Brevard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-4-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5 4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Annapolis
(State or country) Md.

FATHER

13. NAME Thos. Burley

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Hampton

16. BIRTHPLACE (city or town) Annapolis
(State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wm. Auburn Date June 6, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1932, to 6-3, 1932

I last saw him alive on 6-3, 1932 death is said to have occurred on the date stated above, at 7 10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Parated Gland & metastasis (Inoperable	1931
Other contributory causes of importance: Bronchopneumonia	5-30-32

Name of operation no Date of —

What test confirmed diagnosis C.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Emmett Cole M. D.

(Address) Balto City Hospitals

Color

Spec.—1-30—M. & T.—250 Bks.

80268

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 V E 80268

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Arlington St. 18-26 WARD)

2-FULL NAME George H. Foulk

(a) RESIDENCE No. 506 N. Arlington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie C. Foulk

6 DATE OF BIRTH (month, day, and year) July 28-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Carlisle
(State or country) Pa

PARENTS

10 NAME OF FATHER George Foulk

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Pinkerman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa

14 Informant Mamie C Foulk
(Address) 506 N. Arlington

15 Filed 1932 Christian Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3/32

17 I HEREBY CERTIFY, That I attended deceased from 5/29/32, to June 3 32, that I last saw him alive on June 2 32, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Complicated with
Endocarditis

(duration) yrs. 2 mos 1 ds.

CONTRIBUTORY (Secondary) Bronchitis
(duration) yrs. 2 mos 2 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) C. T. Hinson M. D.

, 19 (Address) 622 N. Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Carlisle Pa

DATE OF BURIAL 6/6 1932

20 UNDERTAKER Samuel H. Grace & Son

ADDRESS 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 80269

80269

CERTIFICATE OF DEATH

REGISTERED NO. 27-45

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Belair Road ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena E. Rader

(a) RESIDENCE NO. 3436 Belair Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Rader

6 DATE OF BIRTH (month, day, and year) April 26, 1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ruth Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jno. A. Rader

(Address) 3436 Belair Road

15 Filed 3-1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 18 er, 1929, to 6/2, 1932

that I last saw h alive on 6-2, 1932

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) Daniel Turner, M. D.

6/3, 1932 (Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL June 4, 1932

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 1256 North

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80270 E 80270

CERTIFICATE OF DEATH

124-001

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Milton Ave. St. 7-12 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME James Bartos.

(a) Residence: No. 807 N. Milton ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Sophia Bartos.

6. DATE OF BIRTH (month, day, year) June 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor (80)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not known.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Bartos

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Sophia Bartos
(Address) 807 N. Milton ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 6, 1932.

19. UNDERTAKER August Pasek
(Address) 1062 Ashland ave. Huntington, W. Va.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1932 to June 3 1932

I last saw him alive on June 2 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	
Hypertension.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80271 E 80271

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 Alford St., 7-24 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Hankins

(a) Residence: No. 550 Alford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — — 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME Samuel Hankins

14. BIRTHPLACE (city or town) (State or country) Pr George Co Md

MOTHER

15. MAIDEN NAME Christine Hood

16. BIRTHPLACE (city or town) (State or country) Pr George Co Md

17. INFORMANT George Hood
(Address) 1124 Druid Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jackson Hill Date June 3 1932

19. UNDERTAKER Fahey & Fahey Funeral Home
(Address) 518 Eighth St Huntington W Virginia

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 31. 1932

I last saw her alive on 1932 Death is said to have occurred on the date stated above, at 12:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	V 1932
Other contributory causes of importance:	
Tuberculosis Laryngeal	V 1932
Pulmonary	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Lee M. D.

(Address) 924 Madison Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80272

CERTIFICATE OF DEATH

131 E 80272

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1310 Hillman ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary L. Prenger

(a) RESIDENCE NO. 1310 Hillman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard H. Prenger

6b DATE OF BIRTH (month, day, and year): Sept 25th 1861

7 AGE: Years 70 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Thos. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Eliz. McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

PARENTS

14 Informant: John Prenger

(Address) 1310 Hillman St

15 Filed — — 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/31-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to 5/31 1932

that I last saw h W alive on 5/31 1932

and that death occurred, on the date stated above, at 8.22 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. J. Whelan, M. D.

6/2 1932 (Address) 1279 Hillman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: June 1932

20 UNDERTAKER: Margaret V. Flynn

ADDRESS: 1422 Eight St

1-30—M. & T.—100 B—50L

E 80273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80273

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Jail. ST., 3-5 WARD)

2-FULL NAME Mary E.Griffith.

(a) RESIDENCE NO. 1206 W.Pratt St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of William Griffith.

6 DATE OF BIRTH (month, day, and year) January 2,1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Bledsoe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Fannie ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Andrew Griffith.(son)

(Address) 1206 W.Pratt St.

15 - 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D. Coroner

6/2/32 19 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Funeston Md

DATE OF BURIAL June 3 1932

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1017 Eight St

Spec. 7-17-26—A Co.—200 Bks.

E 80274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80274

CERTIFICATE OF DEATH

47

REGISTERED NO. 15-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 2426 Reisterstown Rd. St.) (15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Horn

(a) RESIDENCE NO. 2426 Reisterstown Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Horn

6 DATE OF BIRTH (month, day, and year) Feb 12/1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	62	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Savannah Ga.

(State or country)

PARENTS

10 NAME OF FATHER Leopold Speldock

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Horn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Louis Horn

(Address) 2426 Reisterstown Rd

15 1932 Huntington Williams N.D. Registrar

Director

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1932 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1931 to June 2nd 1932

that I last saw her alive on June 1st 1932

and that death occurred, on the date stated above, at 10 9. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of upper R. Lung

Chronic myocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) metastasis of liver Stomach & colon.

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab. & x-ray

(Signed) D. A. Nicholson M. D.

19 (Address) 2230 Eulaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetery Date of Burial June 5 1932

20 UNDERTAKER J. Ahrens & Co.

ADDRESS 2432 Reisterstown Rd.

Very important. See instructions on back of certificates.

3

M. D. B. 1268-9

80275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-00 E 80275

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-34 Ward.

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cleveland Perkerson

(a) Residence: No. 822 Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) Sept. 25, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41?	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country) Riley N.C.

FATHER

13. NAME William Perkerson

14. BIRTHPLACE (city or town) (State or country) Riley N.C.

MOTHER

15. MAIDEN NAME Sarah McKenn

16. BIRTHPLACE (city or town) (State or country) N C?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 7, 1932

19. UNDERTAKER James A. Stazzo
(Address) 142 Ostend St.

Huntington Williams Funeral Home

Reg. No. 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932 to May 31, 1932

I last saw him alive on May 31, 1932 Death is said to have occurred on the date stated above, at 12:45 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	6 months
Hypertension, secondary	unknown
Uremia, acute	3 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. G. Lenox Jr. M. D.

(Address) Balto. City Hosp.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80276 E 80276

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Eutaw Sts.) (Ward) 10-14

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfredo Sattii

(a) Residence: No. 614 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ramanpina Borsotti

6. DATE OF BIRTH (month, day, year) Dec 20 1878

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year) Nov 23 1932
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER
13. NAME Ottorino Sattii
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Elvira Pinamonti
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Ramanpina Sattii
(Address) 614 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date June 6 1932

19. UNDERTAKER Ernest W. Conklin
(Address) 1224 Eager St

20. FILED JUN 6 1932 Huntington Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-31-1932 to 6-3-1932

I last saw h[illegible] alive on 6-3 1932 death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coalescing Bronchopneumonia	
Bilateral	5-26-32

Other contributory causes of importance:
None.

Name of operation None. Date of ...
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Morris B. Schwartz, M. D.
(Address) Franklin Square Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80277

CERTIFICATE OF DEATH

107-E 80277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 Jayne Ave (St.) Irvington (Ward) 70-70

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Lottie L Saunders

(a) Residence: No. 511 Jayne Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles F Saunders

6. DATE OF BIRTH (month, day, year): Dec 9, 1880

7. AGE: Years: 51 | Months: 5 | Days: 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Thos Saunders

(Address) 511 Jayne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Westview Date: June 4, 1932

19. UNDERTAKER: H. C. Byrd & Son

(Address) Huntington Ave & Fayette St

FILED: 6-3-1932, 19.... Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to June 3, 1932

I last saw her alive on June 3, 1932. Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

(a) Broncho Pneumonia — Date of onset .....

Other contributory causes of importance: .....

Name of operation none Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. A Buell, M. D.

(Address) 4207 Frederick Ave

M. D. B. 1268-9

E 80278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80278

CERTIFICATE OF DEATH

51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. ..... St. 14 Ward 59
Length of residence in city or town where death occurred life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Bond

(a) Residence: No. 2233 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug. 20, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	64 ?	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 10
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Solomon Bond
14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Dobson
16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/4/32, 19

19. UNDERTAKER Samuel D. Kingsley & Son
(Address) 578 N. Eutaw St

3-5-1932 Filed ..., 19 A. E. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1932 to 5/31, 1932
I last saw him alive on 5/31, 1932, 19.... Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	June 1931
Anemia secondary	unk.

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Arnold Jr. M. D.
(Address) Balto. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80279 E 80279

CERTIFICATE OF DEATH

219-001

M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital St., 13 Ward) 34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 mos yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Clinton

(a) Residence: No. 2511 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Clinton

6. DATE OF BIRTH (month, day, year) Aug 4, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trade Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Virginia

FATHER

13. NAME James Clinton

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alberta Clinton
(Address) 2511 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Harpers Ferry W. Va. Date 6/4 1932

19. UNDERTAKER Samuel P. Hemsley
(Address) 711 N. Bradford St.

20. FILED JUN 2 1932 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury 19 to 19
I last saw h alive on injury 19 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Intra cranial hemorrhage	6/1/32
Other contributory causes of importance:	
Auto in which he was riding struck a pole	6/1/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 19
Where did injury occur? Hanover St & Chesapeake Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto struck pole
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2202 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80280 E 80280

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3013 Clifton Ave St., 15-67 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Mac Williams

(a) Residence: No. 3013 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Mac Williams

6. DATE OF BIRTH (month, day, year) March 13, 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME William Dawson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Woodsal

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mr. Wallace Mac Williams

(Address) 3013 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date June 4 1932

19. UNDERTAKER John F. Mitchell & Son

(Address) 1220 Eutaw Place

20. Filed 1932 Huntington, West Virginia, W.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1- 1932 to June 1 1932

I last saw her alive on June 1 1932 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — ? onset

Arteriosclerosis —

Senile Asthenia

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Heller Hennig, M. D.

6/3/32 (Address) 700 Eutaw Place

AaCo. 5-11 250B

80281

HEALTH DEPARTMENT—CITY OF BALTIMORE

2001

2E 80281

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 1919 St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Rapp

(a) Residence: No. 1303 Hyper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucie M. Rapp (Mills)

6. DATE OF BIRTH (month, day, year) April 22, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Conrad E. Rapp

14. BIRTHPLACE (city or town) Balto, (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Airey

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs Jenny E. Rapp
(Address) 1303 Hyper St

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Pk. Date June 4 1932

19. UNDERTAKER Harry H. Mitcher
(Address) 1101 E Lanvale St

20. FILED JUN 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932 to June 1, 1932

I last saw h alive on June 1, 1932 death is said to have occurred on the date stated above, at 8 38 m.

The principal cause of death and related causes of importance were as follows:

Strangulated right inguinal hernia — Date of onset 5-26-32

Other contributory causes of importance:

Name of operation Intestinal Resection on 5-28-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. W. Peake M. D.

(Address) Franklin Square Hospital

Spec.—1-10-21—M&T—1500 Blks.

E 80282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80282

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Eastern Ave. ST. 1-3 WARD)

REGISTERED NO. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Kozlowski

(a) RESIDENCE No. 2118 Eastern Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Felice . Kozlowski

6 DATE OF BIRTH (month, day, and year): March 19 1867

7 AGE: Years 65 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Wladyslaw . Kozlowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Felice . Kozlowski

(Address) 2118 Eastern Ave.

15 Filed 3-1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1932

17 I HEREBY CERTIFY, That I attended deceased from Mch 9. 1928. to June 1. 1932.

that I last saw h alive on May 30. 1932

and that death occurred, on the date stated above, at 5 40 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardio Vascular disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Leo Keller, M. D.

6 3 1932 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem DATE OF BURIAL: June 6 1932

20 UNDERTAKER: John M Weber ADDRESS: 401 S. Chester st

AACo. 5-31 250B

E 80283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80283

CERTIFICATE OF DEATH

186

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 12-49 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Harry Seckel Jenkins

(a) Residence: No. 3833 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine C. Bell

6. DATE OF BIRTH (month, day, year) April 26 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Representative of General Motors Corp.
10. Date deceased last worked at this occupation (month and year) about July 1929
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph W. Jenkins
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Gertrude Seckel
16. BIRTHPLACE (city or town) (State or country) Pilot Ga

17. INFORMANT Mrs. T. Rowland Slingluff
(Address) 3507 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date June 4 1932

19. UNDERTAKER Leary Jenkins Bros. Co.
(Address) N.E. Cor. Eutaw & Orchard Sts.

20. FILED JUN 3 1932 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1932 to 6-2, 1932

I last saw h/e alive on 6-2 1932 death is said to have occurred on the date stated above, at 1 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation & Pulmonary edema	2 days
Arteriosclerosis	
Cirrhosis of Liver	
(Other contributory causes of importance)	
Chronic myocarditis.	
Chronic nephritis	
Trauma Due to fall.	June 5-9 32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify,

(Signed) Andres E. Calas, M. D.

(Address) Bon Secours Hospital

M. D. H. 1268-9

M V

HEALTH DEPARTMENT—CITY OF BALTIMORE

80284 E 80284

CERTIFICATE OF DEATH

X 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edison Bass

(a) Residence: No. Enfield, North Carolina St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnson County N.C.

13. NAME J. F. Bass

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Isenrise

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT University Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Enfield N Carolina June 3-1932

19. UNDERTAKER Ernest V Stevenson

(Address) 1525 Eutaw Place

20. FILED 1932 Huntington Hollows, Md. A. P. T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19... to ..., 19...

I last saw him alive on Injury. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
atelectasis (lifting)	

Other contributory causes of importance:

Auto in which he was riding turned a trick.

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 5/28, 1932

Where did injury occur? Washington Blvd. at Lord mans Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steel accident

Manner of Injury Automobile accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Joseph P Kenny Coroner M. D.

(Address) 2600 E Madison St.

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 80285

80285

CERTIFICATE OF DEATH

161-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Hudson St. 1-1 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Tarburton

(a) Residence: No. 2931 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28/32

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cecil

FATHER

13. NAME Emerson Tarburton
14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Frances Nagengast
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frances Tarburton
(Address) 2931 Hudson

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 6/4 1932

19. UNDERTAKER Philip Herring
(Address) 3016 Belleau Wilmington N.C.

20. FILED 6 1932 Hudson Herring R.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to June 2, 1932.
I last saw him alive on June 2, 1932 death is said to have occurred on the date stated above, at 9 - P. m.

The principal cause of death and related causes of importance were as follows:

Congenital Atelectasis.

Date of onset

(Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dudley P Bowe, M. D.

(Address) 2 W. Read St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80286

80286

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Hagner

(a) Residence: No. 260 Conant St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 2/1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F. Hagner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sophie Pohl

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sophie Pohl
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvert. Date June 6th 1932

19. UNDERTAKER Fred. G. Ewans & Son
(Address) 703 S. Eutaw St.

20. FILED June 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 2, 1932

I last saw h[illegible] alive on June 2, 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic endocarditis vascular lesions & mitral stenosis — Date of onset 1924

Other contributory causes of importance:
Cardiac decompensation — May 29

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80287 E 80287

CERTIFICATE OF DEATH

11-201

76-55

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5907 Park Heights St., 26 Ward)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? 81 yrs. 6 mos. 29 ds.

2. FULL NAME Sarah Turner

(a) Residence: No. 5907 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rodwell Turner

6. DATE OF BIRTH (month, day, year) Nov-4-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME Samuel Rees

14. BIRTHPLACE (city or town) Balto.
(State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Peach

16. BIRTHPLACE (city or town) near Richmond
(State or country) Virginia

17. INFORMANT Mrs. A. H. Lyndall Hayes
(Address) 5907 Park Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 4, 1932

19. UNDERTAKER Stewart & Company
(Address) 28 W. Franklin St.

Huntington Telegram, H.T.

FILED JUN 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/24/32, 19..., to 6/2/32, 19...

I last saw her alive on 6/2/32, 19... Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/24/32

Other contributory causes of importance:

Cardiac Hypertrophy

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) 5907 Park Heights Ave.

AaCo. 5-31 250B

80288 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-62 E 80288

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial St. Hosp. Ward) 15-61
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Albert Arnold (Mary)
(a) Residence: No. 3639 Liberty Heights St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Widow of Albert Arnold
6. DATE OF BIRTH (month, day, year): Oct. 5. 87
7. AGE: Years 59 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Maryland
13. NAME: Dr William Kessell
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Fannie M. Tucker
16. BIRTHPLACE (city or town) (State or country): Maryland
17. INFORMANT (Address): Deceased
18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date June 6, 1932
19. UNDERTAKER (Address): Thomson Homer & Co. Funeral Director.
20. Filed 1932 Huntington Williams, M.D. Registrar. Registrar/Creator

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1932
22. I HEREBY CERTIFY, That I attended deceased from 4-27-32, 19..., to 6-3-, 1932
I last saw her alive on June 3, 1932 death is said to have occurred on the date stated above, at 8:23 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis & auricular fibrillation
Cardiac decompensation

Date of onset: April 1932

Other contributory causes of importance:

Uremia

June 2 1932

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify, M. D.
(Signed) R France
(Address) Union Mem. Hosp.

A&Co. 5-31 250B

80289

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 80289

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1530 Riverside Ave. St., 34 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelia Nolker

(a) Residence: No. 1530 Riverside Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 30. 1900

7. AGE: Years 32 | Months 1 | Days 3 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Frank Nolker

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

15. MAIDEN NAME Mary Spickery

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs Mary Nolker 1530 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C.C. Date June 6- 1932

19. UNDERTAKER (Address) Margaret J. Flynn 1 W. Douglas St. Huntington Indiana

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June 3, 1932

I last saw her alive on June 2 1932 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyatt Elster, M. D.

(Address) 319 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 80290 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80290

CERTIFICATE OF DEATH.

157-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1834 Wilhelm ST., 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin E a Nelson Wright

(a) RESIDENCE NO. 1834 Wilhelm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): May 13, 1932

7 AGE: Years — Months — Days 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thos M. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Helen M. Harp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Thos Elwood M. Wright 1834 Wilhelm St

15 JUN 4 - 1932 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1932

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to June 3, 1932, that I last saw him alive on June 2, 1932, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. O'Neill, M. D.

6/3, 1932 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Park Cemetery — DATE OF BURIAL: June 4 1932

20 UNDERTAKER: John J. Denny — ADDRESS: 715 Eighth

1-30—M. & T.—100 B—50L

E 80291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80291

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 18-26 WARD)

2-FULL NAME Clara Cornish

(a) RESIDENCE NO. 315 N. Poppleton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sallie Shines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Ethel Harris

(Address) 728 Sarah Ann St

15 Filed ... 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D. Coroner

1932 (Address) 3 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: June 6, 1932

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 322 N. Howard St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80292 E 80292

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-30 St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Coats

(a) Residence: No. 618 W. Redwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 25 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 ~~58~~	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Sarah Darby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date June 4, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED June 4 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1932 to 6-1, 1932

I last saw her alive on 6-1, 1932 death is said to have occurred on the date stated above, at. 3 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Arterio-sclerotic	
Gangrene Rt great toe -	3-15-32

Other contributory causes of importance:

Gas. Gangrene	5-30-32
Generalized septicemia	

Name of operation Amp. leg - Date of 5-27-32

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) Luther Steele M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80293 CERTIFICATE OF DEATH 107-E 80293

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Ward) 22-30

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Garnett

(a) Residence: No. 15 W. York St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Yrs. say 60-70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Va.

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) ? "

MOTHER

15. MAIDEN NAME ? "

16. BIRTHPLACE (city or town) (State or country) ? "

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cemetery Date June 4 1932

19. UNDERTAKER Ernest Poe (Address) 1305 W. Lexington St.

20. FILED ... 1932 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to June 1, 1932

I last saw him alive on June 1, 1932 Death is said to have occurred on the date stated above, at 4:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis, years	
Hypertension	1 to 2 years.

Other contributory causes of importance:

Bronchopneumonia terminal

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Thomas Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

E 80294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80294

CERTIFICATE OF DEATH

82 - 04

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 412 Preestman St 14 - Ward

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hayden

(a) Residence: No. 412 Preestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Sarah A. Hayden

6. DATE OF BIRTH (month, day, year) 5 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Moses Hayden

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah A Hayden
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date June 4 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 4303 Preestman St

20. FILED 6-4-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1932

22. I HEREBY CERTIFY That I attended deceased from May 24 1932 to June 2 1932

I last saw h alive on June 1 1932 Death is said to have occurred on the date stated above, at 3:15 PM

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart

Date of onset

Other contributory causes of importance: Contributory Factors

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Coleman M. D.

(Address) 1033 Riverside Ave

Spec. 2-29-28—L. F. S.—500 Blks.

E 80295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80295

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Banachowski

(a) RESIDENCE NO. 714 S. Rose St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 6, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	12	9 10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER George Banachowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant From Hospital History

(Address)

15 Filed 4-1932, 19 Huntingtown, Williams, N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to June 4, 1932, that I last saw him alive on June 4th, 1932, and that death occurred, on the date stated above, at 4:05 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis R. Knee, Left Hip, and Lumbar Spine (duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4-1-32

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) N. Alwan Jones, M. D.

, 19 (Address) Children's Hospital School

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	June 7 1932

20 UNDERTAKER John J. Duda ADDRESS 2811 Hudson St

M. D. H. 1268-9

M 1902

E 80296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80296

CERTIFICATE OF DEATH

Registered No. 210

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen Hospital St., 14-26 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Ferguson

(a) Residence: No. 317 Eddison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 2, 1905

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..min.
✓	27		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic & Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Ferguson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Simmons

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT John Bowers

(Address) 1530 Byrd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 6/6 1932

19. UNDERTAKER Geo Leinbach & Son

(Address) 525 Lombard St. City

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 , to , 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
Intracranial hemorrhage

Date of onset

Other contributory causes of importance:

Struck by automobile

Name of operation not Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/3 1932

Where did injury occur? Annapolis Rd nr Church St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80297

CERTIFICATE OF DEATH

82-001

E 80297

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 W. Pratt St., 22 Ward. 20)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kunnegunda Stopf

(a) Residence: No. 643 W. Pratt St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Simon Stopf

5a. ~~Married~~, widowed, ~~or divorced~~ (~~HUSBAND~~) of (or ~~WIFE~~) of Simon Stopf.

6. DATE OF BIRTH (month, day, year): Jan 8 1854

7. AGE: Years 78 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Geo Pistel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Stopf.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Dora Tighe 643 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL. Place: Balto Cemetery Date: 6/6/32

19. UNDERTAKER (Address): Geo L. Zimbach 525 N. Lyndhurst St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June 3, 1932. I last saw her alive on June 2, 1932. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset: May 23

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Morley Hoag, M. D.

(Address) 729 Park Ave.

M. D. B. 1268-9

80298

HEALTH DEPARTMENT—CITY OF BALTIMORE

80298

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5415 Frances Road St., 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Hynes

(a) Residence: No. 5415 Frances Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 7-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. David T. Hynes

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

MOTHER

15. MAIDEN NAME Annie L. Cochran

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Wm. David Hynes (Address) 5415 Frances Rd

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Co Date June 1932

19. UNDERTAKER Wm. J. Tucker & Sons (Address) 1924 Pennsylvania Ave

20. FILED June 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31 1932 to June 1 1932

I last saw him alive on June 1 1932 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma (General Metastasis)	about 6 mos
Other contributory causes of importance: acute cardiac dilatation	a few minutes

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green M. D.

6/3/32 (Address) Hamilton Baltimore Md

Rec—12-23-21—E.B.R.S.—400 Blks.

E 80299 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80299

1315

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1937 Fleet St. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Antonina Grabowska

(a) Residence No. 1937 Fleet St St, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~If single, Married, Widowed, or Divorced. (Write the word.)~~ Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Frank Grabowski

6-DATE OF BIRTH (month, day and year)

7-AGE. 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none 37

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS

10-NAME OF FATHER. Mateusz Dzieza

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Rozesa

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Frank Grabowski

(Address) 1937 Fleet St Huntington Wilmarth, N.

15- Filed JUN 4 - 1932 Registrar. Director.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 2-1932

17- I HEREBY CERTIFY, That I attended deceased from May 30th 1932 to June 2nd 1932 that I last saw h alive on June 2nd 1932 and that death occurred, on the date stated above, at 1230 p m.

The CAUSE OF DEATH* was as follows:

Suspended Degeneration

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Herrmann M. D.

6/8/32 (Address) 2913 Belair

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary June 6 1932

20-UNDERTAKER ADDRESS

W. W. Bozenski 1930 Eastern a

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80300 — E 80300

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2721 Hudson St., V-3 Ward)
Length of residence in city or town where death occurred..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B. Adelmann
(a) Residence: No. 2721 Hudson St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Adelmann

6. DATE OF BIRTH (month, day, year) Jan 6 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Klutner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Adelmann
(Address) 2721 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date June 6 1932

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 408 S. Wolfe St.

20. FILED 6 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 2 1932
Last saw h[illegible] alive on June 1 1932. Death is said to have occurred on the date stated above, at 6 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]
Other contributory causes of importance:	
Cerebral Hemmorrhage	1 year

Name of operation none Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
6/3/32 (Signed) Horace B. Mitchell M. D.
(Address) 815 N. Highland Ave

M. D. B. 1268-9

E 80301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80301

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospitals No-37 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas K. Hoerl

(a) Residence: No. Rockaway Beach, St., Balto, G., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 14, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for himself.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER
13. NAME John Hoerl
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Kunigunda ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Hoerl
(Address) 2224 W. Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Carmel Cem Date June 4th 1932

19. UNDERTAKER Lilly Zeiler Inc.
(Address) 7030 E. Wolfe St.

20. FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquest & autopsy, 19
I last saw h alive on inquest & autopsy, 19 Death is said to have occurred on the date stated above, at inquest & autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	5/30/32
Intracranial hemorrhage	
Other contributory causes of importance:	
Fell off of moving auto	5/30/32

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/30, 1932
Where did injury occur? On Street at Rockaway Beach
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Road leading to his shack home.
Manner of injury Fell off of moving auto.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny, M. D. Coroner
(Address) 1200 E Madison St.

M. D. B. 1268-9

E 80302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80302

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 Frankford Av. St. 26-41 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME unnamed 6 Hours Jester

(a) Residence: No. 4614 Frankford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sgl.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 3 - 32

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
			0	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Joseph Leib

14. BIRTHPLACE (city or town) Austria - Hungary.
(State or country)

MOTHER

15. MAIDEN NAME Teresa Schneider

16. BIRTHPLACE (city or town) Austria - Hungary.
(State or country)

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date June 4 ... 19 32

19. UNDERTAKER
(Address)

20. FILED 6975 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3. ..., 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h.. alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Premature Birth

Accident of Pregnancy.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. J. Ryan M. D.

(Address) 1716 Eastern Av

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80303 E 80303

CERTIFICATE OF DEATH

Registered No. 1547

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Frankford Ave St) (26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME unnamed Child Foster

(a) Residence: No. 3614 Frankford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sgl.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 3 - 32

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME ~~unnamed Child Foster~~ Jos. Lisk

14. BIRTHPLACE (city or town)
(State or country) Austria-Hungary

MOTHER

15. MAIDEN NAME Anna Schneider

16. BIRTHPLACE (city or town)
(State or country) Austria - Hungary.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 4 19..

19. UNDERTAKER
(Address)

20. FILED 6974 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from ..19.. to ..19..

I last saw h.. alive on ..19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Accident of Pregnancy.	
Other contributory causes of importance	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) E. J. Shaw M. D.

(Address) 516 Cathedral St

1-30—M. & T.—100 B—50L

E 80304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80304

CERTIFICATE OF DEATH

REGISTERED NO. 1672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 20-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Wright.

(a) RESIDENCE NO. 155 S. Augusta Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Charlotte Green Wright

6 DATE OF BIRTH (month, day, and year) February 11, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Builder.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denton, Md.

PARENTS

10 NAME OF FATHER Levin Wright.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Georgiana Bassett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Charlotte G. Wright. (wife)

(Address) 155 S. Augusta Ave.

15 6-Filed 6-1932 Huntington Williams M.D. Registrar

H. C. [illegible] Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain.
Pistol shot wound of the head.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2 E. Lexington st. June 2, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

6/4/32, 19 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL June 6 1932

20 UNDERTAKER Henry W. Marston

ADDRESS 605 N. Calvert

M. D. B. 1268-9

E 80305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80305

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (St.) 4-25 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arie Blackwell

(a) Residence: No. 119 Diamond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. DATE OF BIRTH (month, day, year): 1883
7. AGE: Years 48; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER
13. NAME: Jos Foote
14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER
15. MAIDEN NAME: Amie
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Arthur Blackwell
(Address) 119 Diamond St.

18. BURIAL, CREMATION, OR REMOVAL: Littleton N C Date 6/7 ..., 1932

19. UNDERTAKER: Samuel Easton
(Address) 716 Paca ...

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2nd, 1932

22. I HEREBY CERTIFY That I attended deceased from ..., 19... to June 2, 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
1 day.	
Other contributory causes of importance:	
Rheumatism	3 mos.

Name of operation ..... Date of ...

What test confirmed diagnosis? Regular ... there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leith Ross, M. D.
Coroner

(Address) .....

M. D. H. 1268-9

E 80306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80306

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Eagle St. 19-26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Smith

(a) Residence: No. 1803 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Frances M. Smith

6. DATE OF BIRTH (month, day, and year) June 22 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Anton Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Smith

(Address) 1803 Eagle

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 6 3 32

19. UNDERTAKER George A. Tyler

(Address) Fulton & Lexington Sts

20. FILED 1932 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to June 3 1932

I last saw him alive on June 3 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia, Debility, Chr Interstitial Nephritis - Incipient Cirrhosis (Kelly)	
Cerebral Arteriosclerosis -	
Senility	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert C. Mitchell M. D.

(Address) 2151 Druid Park

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80307 E 80307

CERTIFICATE OF DEATH X V 131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 25-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev William Martin

(a) Residence: No. 114 State Street (Usual place of abode) Harrisburg, Pa. Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME William Martin

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Forbes

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Reads

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Harrisburg Pa Date June 4 1932

19. UNDERTAKER Martin Bakers & Sons

(Address) 627 N. North Ave.

20. FILED 1932 Huntington Williams, M.D. Registrar. Number

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16th 1932 to June 3rd 1932

I last saw him alive on June 2nd 1932. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1931
Chronic Nephritis	

Other contributory causes of importance:

Pneumonia Bronchitis	5/16/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jesse T. Heard M. D.

(Address) 904 Eutaw Street

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80308

CERTIFICATE OF DEATH

82-001

E 80308

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 E. Ostend St. St. 21-24 Ward 4

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie Virginia Townsend

(a) Residence: No. 1301 E. Ostend St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Townsend

6. DATE OF BIRTH (month, day, year) September 9, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	48	8	2625	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenmount, Carroll County Maryland

FATHER

13. NAME William White

14. BIRTHPLACE (city or town) (State or country) Greenmount Maryland

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Greenmount Maryland

17. INFORMANT Mr. Charles E. Townsend
(Address) 1301 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 7" 32

19. UNDERTAKER Joseph Cook
(Address) 1003 E. Baltimore St.

20. FILED 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/3/32 to 6/4/32, 19... I last saw her alive on 6/4/32, and death is said to have occurred on the date stated above, at 5.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/3/32
Other contributory causes of importance: Arterial Tension	1/1/32
& Paralysis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Richard Dorsey, M. D.

(Address) 1227 Washington Blvd.

M. D. B. 1268-9

E 80309

80309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 34v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse D Dorsey

(a) Residence: No. 306 Bethel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

Phila Pa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME Howard Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emilie?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jesse D Dorsey

(Address) 306 Bethel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa. Date 6 5 1932

19. UNDERTAKER Samuel J. Wrigley

(Address) 518 N Broad St

6-5-1932 Huntingdon Pennsylvania Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to June 3, 1932

I last saw him alive on June 2, 1932 Death is said to have occurred on the date stated above, at 4 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
streptococcic pneumonia of rt. lung	5/25/32
Other contributory causes of importance:	
Luetic Cardiovascular disease	5 yrs?

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify,

(Signed) J. Karl Grossman M. D.

(Address) Mercy Hospital

A&Co. 5-31. 250B

80310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80310

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. ~~Baltimore~~ Mulberry St., 20-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 16 ds How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Richter

(a) Residence: No. 1823 N. ~~Eutaw~~ Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
~~WIFE~~ HUSBAND of Matilda Hasslop Richter

6. DATE OF BIRTH (month, day, year) Aug 16th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	68	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Richter
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Boehmer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Harry Richter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/6/32 19...

19. UNDERTAKER H. C. Hilbert & Son
(Address) 2513 Edmondson Ave

20. FILED 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15-19, 1932, to June 3rd, 1932
I last saw h~~im~~er alive on June 3rd, 1932 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Cold abscess with resulting Leukemia — Potts Disease

Date of onset

Other contributory causes of importance: Cardiac Dilatation

Name of operation none. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Byrne M. D.
(Address) 304 S. Broadway

80311 E-80311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1191V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 8-40 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jack Schroeter

(a) Residence: No. 3128 Cliftmount St. Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 20/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	✓	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John G Schroeter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Busse

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John G. Schroeter
(Address) 3128 Cliftmount Av

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 6th 1932

19. UNDERTAKER H. M. Funk & Son
(Address) 844 N Wolfe St

20. FILED MAY 7 1932 Huntington Howard Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1932 to 6-4 1932

I last saw him alive on 6-4 1932. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile diarrhea	5-18-32
Bronchopneumonia (Type ?)	5-31-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. B. Kirsh, M. D.

(Address) Sinai Hospital.

M. D. B. 1268-9

80312 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80312

CERTIFICATE OF DEATH

93-003

Registered No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Boarman ave St., 15 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lereth Cohen

(a) Residence: No. 4000 Boarman ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rosa Cohen

6. DATE OF BIRTH (month, day, year): 12-12-1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Romania

FATHER

13. NAME: Hirsh Cohen

14. BIRTHPLACE (city or town) (State or country): Romania

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Romania

17. INFORMANT: Myer Cohen
(Address): 4000 Boarman ave

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Hebrew Date 6-5-32, 19

19. UNDERTAKER: Jack Levin Inc
(Address): 1439 E. Baltimore st

20. FILED 6-6-1932 Huntington Williams, M.D. Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6 - 3 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June 3, 1932

I last saw him alive on June 3, 1932 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic nephritis

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) A. A. Hamalan, M. D.

6/3/32 (Address) 733 Hesperian St

80313 E 80313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. 4-17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Sister M. Clarissa Abby Killeher (Kelleher)

(a) Residence: No. St. Joseph Hosp St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1871

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or..... min.
	61	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 65
10. Date deceased last worked at this occupation (month and year) 6/4/32
11. Total time (years) spent in this occupation 2 Yrs.

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Michael Killeher
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Katherine Linell
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Sister M. Olympia
(Address) St Joseph Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Resurrection Date 6/6 1932

19. UNDERTAKER Henry Hoede & Sons Inc
(Address) 1201 E. Eager St Balto

20. FILED 1932 Huntingtow Williams, M.P.
Register No. 107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1929, to 6/4, 1932
I last saw h-r alive on 6/4, 1932 death is said to have occurred on the date stated above, at 3 40 (m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis,	3 yrs.
Other contributory causes of importance: Pneumonia	4 weeks

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. P. Sweeney, M. D.
(Address) St. Joseph Hosp

80314 E 80314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1216 Mosher St Baltimore.
CITY OF BALTIMORE: (No. 1216 Mosher St. (16 - 33) Ward)
Length of residence in city or town where death occurred 17 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Harper Mayer

(a) Residence: No. 1216 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola V. C. Mayer

6. DATE OF BIRTH (month, day, year) March 8, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) March 26-1932
11. Total time (years) spent in this occupation 17½

12. BIRTHPLACE (city or town) (State or country) Columbus Ginger

FATHER
13. NAME Edward Mayer
14. BIRTHPLACE (city or town) (State or country) Blackville South Carolina

MOTHER
15. MAIDEN NAME Emma H Harper
16. BIRTHPLACE (city or town) (State or country) Augusta Georgia

17. INFORMANT (Mrs) Willa V. C. Mayer
(Address) 1216 Mosher St. Balt Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 6/5/32 19

19. UNDERTAKER Blue Mt. Johnson
(Address) 2445 Eutaw Ave.

20. FILED JUN 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 — 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1932 to June 2nd 1932
I last saw him alive on June 2nd 1932 Death is said to have occurred on the date stated above, at 4-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1-4/31
Other contributory causes of importance: Gastro-Intestinal Indigestion	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Only Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bunnell Jango M. D.
(Address) 2987 N Calvert St

Spec.—1-30—M. & T.—250 Bks

E 80315

E 80315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1608 N Bradford ST.) 8-16 (WARD)

2-FULL NAME Deloris D. Boone.

(a) RESIDENCE NO. 1608 N Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Infant Dec 14-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John D Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Barry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) John Boone 1608 N. Bradford St

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3-32

17 I HEREBY CERTIFY, That I attended deceased from 5-28 1932 to 6-3 1932

that I last saw he alive on 6-3 1932

and that death occurred on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic 2 mos

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. D.

(Address) 800 N Wolfe St

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morelands Memorial Park

DATE OF BURIAL June 5 1932

20 UNDERTAKER Leo G. Leebrook

ADDRESS 1723 N Patterson Park Ave

M. D. 80316 E 80316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3704 Belvedere Ave St., 27-57 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva E. Fleischmann

(a) Residence: No. 3704 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Fleischmann

6. DATE OF BIRTH (month, day, year) Jan 1 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary - - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas A Fleischmann

(Address) 3704 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/5/32 19

19. UNDERTAKER Philip Hauer Licensed

(Address) 216 E. Lexington St

Huntington Hotel Hillside N.J.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29. 1932 to June 3d 1932

I last saw h 4 alive on June 2. 19... Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 1st
Pulmonary Oedema	" 2 "
Uremia Suppressa	" 1 "

Other contributory causes of importance:

Myocardial Degeneration	Some
Arteriosclerosis	Yrs

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) G. F. Ries, M. D.

(Address) 24 E Lexington

E 80317

E 80317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 84-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 2600 Ward 63

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Lee Cohen

(a) Residence: No. 4505 Berkshire Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 / 25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME L. L. Cohen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME C Baer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 6/6 1932

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/19 1932 to 6/5 1932

I last saw him alive on 6/5 1932 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis 5/27/32	2 days
Other contributory causes of importance:	
Septic Meningitis (Streptococcus hemolyticus)	17 days

Name of operation Lumbar tap 6/1/32 Date of 5/20/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J H Goodman M. D.
(Address) Mercy Hospital

INSTRUCTIONS: Print answers to all questions in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80318

CERTIFICATE OF DEATH

Registered No. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 E. Fort Ave., St. 24-35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Apta

(a) Residence: No. 1100 E. Fort Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Phillip Apta

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland, Oregon

FATHER

13. NAME Sam Kafka

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Frada -

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Phillip Apta (Address) 1100 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem Date 6/5/32

19. UNDERTAKER Jack Lewis & Co. (Address) 1439 E. Baltimore St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to June 3, 1932

I last saw her alive on June 3, 1932 (Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxia	5/27/32
Pneumonia Acute	5/27/32
Diabetes Mellitus	Chr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Hawkins M. D.

(Address)

E 80319 — Co — 250 Blks — Died June 3rd — E 80319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

231

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1612 Clarkson St 23-32 WARD)

2. FULL NAME Mary Ellen Wingate

(a) RESIDENCE NO. 1612 Clarkson ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	21,	1,	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mender hand 086
(b) General nature of Industry, business, or establishment in which employed (or employer) Manufacture of
(c) Name of employer Irvin W. J. Knorr

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co

PARENTS
10 NAME OF FATHER John E. Wingate
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Mary A. Burg
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) John E. Wingate 1612 Clarkson St

15 Filed June 6 1932 19 Registrar Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd, 1932

17
I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to June 3rd 1932
that I last saw h[illegible] alive on June 1st 1932
and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
a Cardiac dilatation

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (duration) yrs. 3 mos. ds.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

I hereby certify that I attended the deceased from Feb 15 1932 to June 3 1932 that I last saw h[illegible] alive on June 1 1932 and that death occurred, on the date stated above, at 4 P.M.

(Signed) L. F. Kaplan M. D.
6/6 1932 (Address) 6 Randall St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem — DATE OF BURIAL June 6 1932

20 UNDERTAKER A. Howard Evans — ADDRESS 35 E. Fayette St

E 80320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 27-7249 St., (Ward) 4

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr George H. Whittingham (George Herbert Whittingham)

(a) Residence: No. 4303 Underwood Rd St., Ward. Baltimore Md
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanor V. D. Whittingham

6. DATE OF BIRTH (month, day, year) March 23, 1867 Mar 23 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chairman of Board
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motor Controlling Co. Elect Engineer
10. Date deceased last worked at this occupation (month and year) May 27, 1932
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) New Castle Delaware

MOTHER FATHER

13. NAME Richard Whittingham
14. BIRTHPLACE (city or town) (State or country) Merryville Maryland
15. MAIDEN NAME Sarah Chamberlaine
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Wm. Whittingham
(Address) 4303 Underwood Road, Guilford

18. BURIAL, CREMATION, OR REMOVAL.
Merryville Md Date June 6, 1932

19. UNDERTAKER Wm H Cook
(Address) 1003 W. Baltimore St.
Huntington Building, Md.

5-1932 FILED, 19 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-27-32, 19 , to 6-4-32, 19
I last saw h alive on 6-4 1932 death is said, to have occurred on the date stated above, at 1:5 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Failure following Prostatectomy	1929
Other contributory causes of importance: Hypertension	Yrs.

Name of operation Prostatectomy Date of 5-30-32

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert W. Garis M. D.
(Address) Union Memorial Hosp.

E 80321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80321

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 620 Madison (St.) 8/4-30 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Myers

(a) Residence: No. 620 Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Levy

6. DATE OF BIRTH (month, day, year) 1880

7. AGE — Years 52 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Myers

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Chas Bollinger

(Address) 620 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg, Va Date 6/6/32 19

19. UNDERTAKER Mrs. D. H. Holland

(Address) 1681 Druid Hill Ave

20. FILED JUN 5 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 19 32 to June 5, 19 32

I last saw h... alive on June 3 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. O. Luck Coroner, M. D.

(Address) ...

E 80322

Dec. 31-M&T-1500 Blks.

E 80322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital ST. 14-20 (WARD)

2-FULL NAME Minola Evans Frazier

(a) RESIDENCE NO. Central City, Penna ST. ..WARD ....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Frazier

6 DATE OF BIRTH (month, day, and year) Nov 25-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
43	43	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Johnstown, Pa.

PARENTS

10 NAME OF FATHER Howard C Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa (?)

12 MAIDEN NAME OF MOTHER Catherine L. ~~St Evans~~ Stowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant (Address) Alexander Frazier Central City, Pa.

15 Filed NOV 6 - 1932, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1932

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to June 5, 1932,

that I last saw her alive on June 5, 1932

and that death occurred, on the date stated above, at 11:55 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of vulva (general cachexia and toxemia)

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) respiratory failure

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Central City, Pa.

Did an operation precede death? yes Date of March 25-1932

Was there an autopsy? no

What test confirmed diagnosis? biopsy

(Signed) Edmund Kelly M. D.

June 5 1932 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stoystown Penna

DATE OF BURIAL June 6 1932

20 UNDERTAKER Chas. G. Black

ADDRESS 1420 W. North ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 80323 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 8E 80323

CERTIFICATE OF DEATH

82-004

I—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1731 Chilton ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Amelia Born

(a) RESIDENCE NO. 1731 Chilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: August Born

6 DATE OF BIRTH (month, day, and year): Nov. 27-1848

7 AGE: Years 83 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Kasper Heinzerling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Eleanor Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Caroline M. Born. (Address) 1731 Chilton St.

15 Filed: JUN 5 - 1932 J. H. Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4/1932.

17 I HEREBY CERTIFY, That I attended deceased from Apr 13, 1932, to June 4, 1932, that I last saw h[illegible] alive on June 4, 1932 and that death occurred, on the date stated above, at 12.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Coma.
Diabetes. ago.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arter-Sclerosis. Hemiplegia

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C H Meyer Jr M. D.

6/4/1932 (Address) 1500 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: June 7 1932

20 UNDERTAKER: Hughes Sons Inc. — ADDRESS: 424 N. Broadway

Director

M. D. B. 1265-9

E 80324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80324

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St. 4-30 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 8 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Annie C. Meyer MEYER

(a) Residence: No. Elkridge Md St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Clement A. Meyer

6. DATE OF BIRTH (month, day, year) Apr 9 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME Henry Walker.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary N. Meyer

(Address) 2302 No. Calhoun St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Interment Elkridge, Md Date 6/8/1932

19. UNDERTAKER John J. Cowden & Son

(Address) 901 Lafayette Ave Huntington, Williamsport, N.Y.

20. FILED JUN 9 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/1/32 . 19 , to 6/5/32 . 19

I last saw h.r alive on 6/5/32 . 19 . Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Ca at head of pancreas Death. — Date of onset 2/1/32

Other contributory causes of importance:

Name of operation Cholecystgastrostomy Date of 4/4/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Arenga M. D.

(Address) University Hospital

E 80325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 80325

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. W. 30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lane Johnson

(a) Residence: No. Ellicott City Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. M. Johnson

6. DATE OF BIRTH (month, day, year) Apr. 12 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Chas W Johnson.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma Hamill

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Geo M. Johnson

(Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Cem Date 6-8 19 32

19. UNDERTAKER J. C. Stuy undertaking Co

(Address) Ellicott City Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/26/32 . 19 . to 6/3/32 . 19

I last saw h alive on 6/3/32 . 19 . Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

nephritis with acute pulmonary edema

Date of onset

Other contributory causes of importance:

Chr. Cholecystitis

Chr. appendicitis

Name of operation Cholecystotomy) Date of .....

What test confirmed diagnosis? ... Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) George H. Yeager M. D.

6/6/32 (Address) University Hospital

M. D. B. 1268-9

E 80326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80326

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 4-25 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Rupp

(a) Residence: No. 404 West Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas Rupp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Loretta Stewart Bragg

(Address) 548 W. 177th St. N. Y. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 7. 1932

19. UNDERTAKER Wm. H. Kieffer Sons

(Address) North & Penna Aves.

FILED JUN 8 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) June 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to June 4, 1932

I last saw her alive on June 4, 1932. Death is said to have occurred on the date stated above, at 5:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 10
Other contributory causes of importance:	
Bronchopneumonia	June 1

Name of operation ... Date of ...

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Maurice Lenna M. D.

(Address) Univ. Hosp.

E 80327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80327

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5106 Cordelia Ave. (Ward) 27-51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Louise Clifton

(a) Residence: No. 5106 Cordelia Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Clifton

6. DATE OF BIRTH (month, day, year) April 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nelson Elsrode

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carolyn Hoberg

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Allen Clifton

(Address) 5106 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druidridge Date June 6, 1932

19. UNDERTAKER Wm. H. McPeek Sons

(Address) North & Penna Ave.

20. FILED June 6 1932 Hunter Williams NP

Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1932 to June 2nd, 1932

I last saw her alive on June 2, 1932 Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	April 1932
Embolism to brain	June 2 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. W. Billups, M. D.

(Address) 2224 W. North Ave

M. D. B. 1268-9

80328 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80328

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N Sharp St., 23-31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ~ mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard McKinley Brown

(a) Residence: No. 1019 N Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Premature

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/19/32

7. AGE	Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
	—	—	15/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME McKinley Moulton
14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Flossie Brown
16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Flossie Brown
(Address) 1019 N Sharp.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel, Md Date June 4, 19 32

19. UNDERTAKER
(Address) Huntington Williams, N.Y.

20. FILED 8-1932 6978 6/4 19 32
Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4 19 32

22. I HEREBY CERTIFY, That I attended deceased from 5/19 19 32 to 6/4 19 32

I last saw h[im] alive on 6/3 19 32 Death is said to have occurred on the date stated above, at 8:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D W Truxton M. D.

(Address) 122 N Lee.

M. D. B. 1268-9

E 80329 ✓ E 80329

HEALTH DEPARTMENT—CITY OF BALTIMORE

261376

CERTIFICATE OF DEATH

X 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan A. Cobb

(a) Residence: No. Falls Church Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice V. Procter

6. DATE OF BIRTH (month, day, year) June 30 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Biologist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Tom Cobb

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Jane Bigelow

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Ford Lawn Cem. Date June 7. 1932

19. UNDERTAKER John O. Mitchell & Son

(Address) 1 W. Centre St. Mt. Vernon Place

20. FILED JUN 8 - 1932 Huntington Williams, M.D. Registrar. Date issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27. 1932 to June 4. 1932

I last saw him alive on June 4. 1932 Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardiac hypertrophy, aneurism fibrillation	
Other contributory causes of importance: Coronary thrombosis?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ralph S. Hall, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

E 80330

80330 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 N. Calvert St. 12-50 Ward)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Naas.

(a) Residence: No. 2012 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret S Naas.

6. DATE OF BIRTH (month, day, year) May 10 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gro

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Naas

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Barbara Fox

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Hohmann

(Address) 2012 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL Loraine Cem Date 6/6/32

19. UNDERTAKER John C. Mitchell Sons

(Address) 1700 Eastern Place

20. FILED 1932 Harriet Lee Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 1930 to 6-4- 1932.

I last saw him alive on 6-4- 1932 Death is said to have occurred on the date stated above, at 12 m P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis with hypertension & cardiac valvular trouble. chronic nephritis	1922 -
Other contributory causes of importance:	
Uremia -	10 days

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. E. Brumer M. D.

(Address) Medical Art Bldg.

M. D. B. 1965-9

E 80331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80331

CERTIFICATE OF DEATH

93-003

Registered No. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2954 Presstman St. Ward) Life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Knight

(a) Residence: No. 2954 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Laura Knight

6. DATE OF BIRTH (month, day, year) May 23rd 43

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Knight

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary A. Scholy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT W. Frank Dasch

(Address) 2954 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 6th 1932

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED JUN 7 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to June 4th 1932

I last saw him alive on June 3rd 1932 Death is said to have occurred on the date stated above, at 7 a m

The principal cause of death and related causes of importance were as follows:

	Duration
Senile Myocarditis	3 yrs
Other contributory causes of importance: Arterio-sclerosis	1925

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Hawkins M. D.

(Address) 1 E Randall St

Director

B 80332 De Kalb 1203 Light st South 0089 E 80332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E. 20th St. 9-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie I. Lutz

(a) Residence: No. 214 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Geo. W. Lutz

6. DATE OF BIRTH (month, day, year) Apr 28th 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John E. Jackson

14. BIRTHPLACE (city or town) (State or country) Belair Md

MOTHER

15. MAIDEN NAME Hattie Ambrose

16. BIRTHPLACE (city or town) (State or country) Green Spring Valley Md.

17. INFORMANT Geo. W. Lutz

(Address) 214 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 6/7/32

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED JUN 8 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apl 15 32 to June 4/32, 19..

I last saw him alive on June 4/32, 19.. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Today

Other contributory causes of importance:

Name of operation Post Mortem Autopsy Date of Post Mortem

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John B Holloway M. D.

(Address)

M. D. B. 1268-0

80333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80333

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 School St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Scott

(a) Residence: No. 1418 School St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/29/31.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brady (State or country) and

FATHER

13. NAME Edward Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Grace Strudic

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT mother (Address) 1418 School St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date June 6 1932

19. UNDERTAKER Thomas E. Kalyn (Address) 1300 Pennsylvania Ave Huntingdon Pittsville, Md.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1932 to 6/5 1932

I last saw him alive on 6/4 1932 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	6/25/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Hartman M. D.

(Address) 912 Eutaw St

E-30 80334 0 B—50L

E 80334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 S Register St. (ST.) 2-4 (WARD)

2-FULL NAME Frank Barnes

(a) RESIDENCE NO. 11 S. Register ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Barnes

6 DATE OF BIRTH (month, day, and year): Aug 16 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
46 47	47	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James H Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Charlotte Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Annie Barnes

(Address): 11 S Register

15 Filed ..... 193 ..... Registrar

UNS-1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P O Nevarez M D, M. D. Coroner

6/3, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: June 6 1932

UNDERTAKER: Robt F Williams

ADDRESS: 1600 McElderry St

Huntington Williams Registrar

Director

TION is very important See instructions on back of certificates.

M. D. B. 1264-9

80335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80335

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W. Baltimore Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Burns

(a) Residence: No. Severn River nr Annapolis, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) abt 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Geo. A Brown (Friend)
(Address) Severn Park nr Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ludow Park Cemetery Date June 6/32 19

19. UNDERTAKER Stewart & Warren Company
(Address) 15 W. Fayette Avenue

20. FILED 1932 Hunting Toll Witness Reg'strar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1932 to June 3 1932

I last saw h alive on June 3 1932. Death is said to have occurred on the date stated above, at 6 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4/23/32
Hypertension & Arteriosclerosis	

Other contributory causes of importance:

Bronchopneumonia	May 31
Myocardial Failure	June 2

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milford H. Sprecher M. D.
(Address) University Hospital.

OCCUPATION IS VERY important. See instructions on back of certificate.

E 80336 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80336

CERTIFICATE OF DEATH

34

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp St., 1-7 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John White

(a) Residence: No. 122 E East St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colred	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie White

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rawlesburg W. Va.
(State or country)

FATHER

13. NAME Major White

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Frances White

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Bessie White
(Address) 122 East St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date June 6 1932

19. UNDERTAKER Mrs J. G. Locke
(Address) 1302 Jefferson St. Huntington Williams, W. Va.

20. FILED 6-7-1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-23-32, 19, to 6-4-32, 19

I last saw him alive on 6-4-32, 19 death is said to have occurred on the date stated above, at 5:45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance:	
Cerebro-Spinal Meningitis	2 weeks
(Streptococcus - probably secondary to low grade bacteremia from the meninges)	?

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. R. Ferman, M. D.

(Address) South Baltimore General Hospital

OCCUPATIONAL STUDY IMPORTANT. DO NOT WRITE ON BACK OF CERTIFICATE.

E 80337 E 80337

E 80337 ... P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 3037 Belmont ST. 16-17 WARD)

2-FULL NAME Alexander Champagne

(a) RESIDENCE. NO. 3037 Belmont ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bathilda

6 DATE OF BIRTH (month, day, and year) Dec 31 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bathilda Champagne
(Address) 3037 Belmont

15 Filed JUN 6 - 1932 19 Huntington Williams, M. D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 - 1932

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1932 to June 4, 1932
that I last saw h... alive on June 4 - 1932
and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 13 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Pathology
(Signed) Marion A. Shook, M. D.
6,5 1932 (Address) 806 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 6/7/32 19

20 UNDERTAKER 1420 Richard W. Sneyer

ADDRESS Ashburton St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

80338

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 E 80338

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Werner's Park.

CITY OF BALTIMORE: (No. Spring Gardens. ST. 21-31 WARD)

2-FULL NAME Louis Kantore

(a) RESIDENCE NO. 405 W.Ostend St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) September 13, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	8	21 22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlantic City,

PARENTS

10 NAME OF FATHER Michael Kantore.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary.

12 MAIDEN NAME OF MOTHER Mary Waites.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary.

14 Informant Michael Kantore. (father)
(Address) 405 W.Ostend St.

15 Filed JUN 6 - 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
while in swimming.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/6/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL June 6 19 32

UNDERTAKER Martin J.Conroy. — ADDRESS 1102 Forrest St

TION is very important See instructions on back of certificates.

E 80339

E 80339 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 1526 N Patterson Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Schnitzlein

(a) Residence: No. 1526 N. Patterson Park Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Schnitzlein

6. DATE OF BIRTH (month, day, year) Jan 27th 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forest Md

MOTHER FATHER

13. NAME Simon Schnitzlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M Pensel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Schnitzlein

(Address) 1521 N Patterson Park Ave

18. BURIAL, CREMATION OR REMOVAL

Place Baltoleon Date June 7th 1932

19. UNDERTAKER Leo G. Brook

(Address) 1733 N Patterson Park Ave

20. FILED JUN 8 - 1932 Huntington Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1932 to 6-4 1932

I last saw h alive on 6-4 1932 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so specified.

(Signed) E. W. Peake M. D.

(Address) Franklin Square Hospital

M. D. R. 1765-3

80340 ✓ E 30340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N. Duncan St., 7-17 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Peter Rexroth

(a) Residence: No. 712 N. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda M. Rexroth

6. DATE OF BIRTH (month, day, year) April 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME dont know

14. BIRTHPLACE (city or town) (State or country) don't Know

MOTHER

15. MAIDEN NAME don't Know

16. BIRTHPLACE (city or town) (State or country) don't Know

17. INFORMANT Lillian M. Warthen

(Address) 706 N. Duncan

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date June 7 1932

19. UNDERTAKER George W Zurkler

(Address) 1732 E Eager St Baltimore, Md

20. FILED JUN 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11 1932 to June 4 1932

I last saw him alive on June 4 1932 Death is said to have occurred on the date stated above, at 3 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	2
Myocardial Insufficiency	1 week

Other contributory causes of importance:

Name of operation nal Date of ✓

What test confirmed diagnosis? Nal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2260 E Madison St

M. D. B. 1268-B

E 80341 ✓ E 80341

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Streeper St. 7-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel S. Goodwin

(a) Residence: No. 825 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Oct. 23 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none (infant)

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Goodwin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ida M. Braunschweiger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ida M. Goodwin
(Address) 825 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date June 8, 1932

19. UNDERTAKER George H. Zirkler
(Address) 1737 E. Eager St.

20. FILED JUN 6 - 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to June 5, 1932

I last saw h[illegible] alive on June 5, 1932 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	

Other contributory causes of importance:

Influenza, from adult tonsilitis?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) [signature] M. D.

(Address) 1014 S. Ellwood Ave

E 80342

Spec. 1-1001 Mar. – 1500 Bks.

✓ E 80342

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 N. Bentalou ST., 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Rubin

(a) RESIDENCE NO. 2014 Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nan Rubin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alexander Rubin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel Mazin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Alexander Rubin

(Address) 2014 Bentalou

15 Filed JUN 6 - 1932 19 Huntington Williams, M.D. Registrar

Died

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1932

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1932, to June 5, 1932,

that I last saw him alive on June 5, 1932,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Frank Lebenson, M. D.

19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 6/6/32

20 UNDERTAKER Jack Levin Inc

ADDRESS 1739 E Balto

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80343 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80343

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sarah Brown

(a) Residence: No. 1612 N. Lowndes St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Augustus Johnson

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Sarah Sandy

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cemetery Date June 6 1932

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 1723 Eastern Ave.

Filed June 6 1932 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22 1932 to June 2 1932

I last saw h[illegible] alive on June 1 1932 Death is said to have occurred on the date stated above, at 7:[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 mos.
Pulmonary Hemorrhage	2

Other contributory causes of importance:

Rectal Stricture	1
R.U. Tubal Abscess	1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Simon Sugar M. D.

(Address) Mercy Hospital

Spec.—12-9-25—1 Cs.—200 Bks

E 80344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80344

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2211 Rogers Ave St. 27-54 Ward)

2-FULL NAME Mrs. Mary Louise Watson

(a) RESIDENCE NO. Home for the Aged of the M.E. church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Watson

6 DATE OF BIRTH (month, day, and year) Aug 16 - 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....mia.
	75	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cecil County Md.

PARENTS

10 NAME OF FATHER Watson Fell.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Delaware.

12 MAIDEN NAME OF MOTHER Lydia Reynolds.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Etta Cuddy

(Address) 2211 Rogers Ave

15 [illegible] 19 Huntingtown Millington Md.

Registrar

E-80107

S - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 4 - 1932

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to June 4, 1932, that I last saw h.. alive on June 4, 1932, and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

(duration) 4 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George E. Shannon, M. D.

6/5 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Lorraine Cemetery June 6 1932

20 UNDERTAKER ADDRESS

George Smith Collins

Spec.—2-29-28—L. F. S.—500 Bks.

MARY. R. HOLL

80345

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 80345

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N Monfordane 6-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M. Holl

(a) RESIDENCE NO. 102 N. Monfordane WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John B

6 DATE OF BIRTH (month, day, and year) April 21 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Spahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Thesa Kraft

(Address) 102 N Monfordane

15 JUNE 1932 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 32

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to June 5, 1932, that I last saw h alive on June 5, 1932, and that death occurred, on the date stated above, at 11 1/4 15 m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) carcinoma of gall-bladder

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) L. C. Gohlrad, M. D.

June 6, 1932 (Address) 717 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL June 8 1932

20 UNDERTAKER H. C. Deppel Inc

ADDRESS 3124 Auch

Director

E 80346

No. 80346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 20-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Brunswick St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Farinholt

(a) Residence: No. 502 Brunswick St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm H Farinholt

6. DATE OF BIRTH (month, day, year) May 27th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Fach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm H. Farinholt

(Address) 502 Brunswick St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 8th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

FILED JUN 8 - 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to June 5 1932

I last saw her alive on June 5 1932. Death is said to have occurred on the date stated above, at 1.12 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Art Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Knell M. D.

(Address) 4002 Fredk Ave

A&Co. 5-31 250B

E 80347 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80347

CERTIFICATE OF DEATH

15 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 8-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 11 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emelyn Urbanski

(a) Residence: No. 1201 N. Potomac St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jas. Urbanski

6. DATE OF BIRTH (month, day, year) 7/4/10

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	21	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Hemminger

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Maria Feglin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Emelyn Urbanski
(Address) 1201 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 8th 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403-30 Wolfe St. Stoughton Hotel Annex, Md.

UNC - 1028 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/32 19

22. I HEREBY CERTIFY, That I attended deceased from 6/3/32, 19..., to 6/5/32, 19...

I last saw h[illegible] alive on 6/5/32 19... death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cyst~~ Erysipelas	5/24/32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital.

M. D. B. 1268-9

80348 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 80348

CERTIFICATE OF DEATH

Registered No. 140

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital St., 76-37 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene New

(a) Residence: No. 614 S. Lehigh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew J. New

6. DATE OF BIRTH (month, day, year) Feb 23/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER
13. NAME ------- Janowaik
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew J. New
(Address) 614 S. Lehigh St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date June 7, 1932

19. UNDERTAKER Selby & Zeiler Inc.
(Address) Selby-Zeiler Bldg Huntingdon Pittsburgh, Pa.

20. FILED 6-1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.25 A.M.

The principal cause of death and related causes of importance were as follows: General Peritonitis & Septicemia — Date of onset

Other contributory causes of importance: Self induced abortion with bougie

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [signature] M. D.
(Address) 708 E. 1 nth Ave Coroner

AaCo. 5-31 250B

E 80349

E 80349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp (St.) 13 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Mrs. Eva Wacksiesky (Mackiewicz)

(a) Residence: No. 506 S. Duncan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Checho Slovakia

FATHER

13. NAME Leo. Owsiany

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Courner Owsiany

(Address) 1409 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date June 7 1932

19. UNDERTAKER J W Pszenski

(Address) 1930 Eastern Ave

20. FILED JUN 8 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 4, 1932.

I last saw her alive on June 4, 1932 death is said to have occurred on the date stated above, at 8 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	?
Other contributory causes of importance: Senile Dementia	?
Acute Myocardial failure	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. M. Baumgardner M. D.

(Address) St Joseph Hosp.

A&Co. 5-31 250B

80350 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80350

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secour Hospital — Registered No. 89-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Fayette St. (St.) 20-27 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 8 ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ellen W. Douglas

(a) Residence: No. Bel Air (Usual place of abode) Md. St., ...Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27 1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
23	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Barrancas (State or country) Fla.

MOTHER FATHER

13. NAME Jos. B. Douglas

14. BIRTHPLACE (city or town) Prince George Co (State or country) Md.

MOTHER

15. MAIDEN NAME Anna W. Harris

16. BIRTHPLACE (city or town) Bridgeport (State or country) Ohio.

17. INFORMANT Jos B Douglas
(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL
Date 6/6/32 19...

19. UNDERTAKER
(Address)

6 JUN 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to June 5, 1932
I last saw her alive on June 5 1932 death is said to have occurred on the date stated above, at 10.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo Encephalitis	5/25/32

Other contributory causes of importance:

Otitis Media	5/14/32

Name of operation Paracentesis Date of 5/26/32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Bagley Jr. M. D.
(Address) Lutherville Md.

Spec.—1-30—M. & T.—250 Blks.

E 80351 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80351

CERTIFICATE OF DEATH. * 82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 548 Mosher ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth B. Penn

(a) RESIDENCE NO. 548 Mosher St ST., WARD Bedford Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND) of or) WIFE of !

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wilson Lazenby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucinda Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucy Waring (Address) 545 Mosher St

15 Filed 6-1932, 19 Huntington Williams M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/32

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19 32 to ..., 19..., that I last saw h[illegible] alive on 6/4/32, 19..., and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H R Slaughter, M. D.

, 19 (Address) 845 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bedford Virginia

DATE OF BURIAL 6/6 1932

20 UNDERTAKER Sam H. Chase & Son

ADDRESS 635 N. Gilmor St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80352 E 80352

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hortense B. Blake

(a) Residence: No. 1121 Darley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt Milton B. Blake

6. DATE OF BIRTH (month, day, year) Mar 23rd 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co Va.

FATHER

13. NAME Chas. Hudgins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hillis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Milton B. Blake

(Address) 2307 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Date. June 6th 1932

Place Matthews Co. Va

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

20. FILED JUN 6 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to inquiry 19 Death is said I last saw h alive on to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	6/5/32
Other contributory causes of importance: Automobile accident	6/5/32

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 6/5 1932

Where did injury occur? Lake Montebello Rd nr. Gateway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Auto ran off road into lake

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pakowz Coroner M. D.

(Address) 2200 E Madison St

M. D. B. 1268-9

E 80353 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80353

26064

CERTIFICATE OF DEATH

1 51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr George Widden

(a) Residence: No. 1254 Derry St., Ward. Harrisburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: anna

6. DATE OF BIRTH (month, day, year): 12-1-67

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	65	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Phys

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: David Widder

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Cath Winkler

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Harrisburg Pa Date June 6 . 1932

19. UNDERTAKER: H. M. Landvogt 559 Zarker Rd

6-1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 . 1932 to June 6 . 1932

I last saw h[illegible] alive on June 6 . 1932 Death is said to have occurred on the date stated above, at 4:15A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism Post op. — Date of onset 6-6
Papillary Carcinoma of Bladder. (Urinary)
Cardiac Hypertrophy and Insufficiency

Other contributory causes of importance:

Name of operation { Supra-pubic by Stalony / Carcin Bladder Tumor / Fulguration / Excision of Papilloma } Date of 5-13-32

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd C. Cope M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

80354

HEALTH DEPARTMENT—CITY OF BALTIMORE

80354

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St., 23-34 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Crawford Thorpe

(a) Residence: No. 923 S. Sharp st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Thorpe

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Dubal Thorpe

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ella Moore

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date June 6 1932

19. UNDERTAKER

(Address)

20. FILED 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to June 1 1932

I last saw him alive on June 1 1932 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence A. Sena, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80355 E 80355

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH Provident Hospital 26-37
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. "St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Evelyn Thompson

(a) Residence: No. 917 Baylis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-29-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

13. NAME Ina Thompson
14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Gladys Tracy
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Gladys Thompson
(Address) 917 Baylis St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Md Date June 6, 1932

19. UNDERTAKER [illegible]
(Address)

20. [illegible] Huntington Williams M'D
Registrar.

6-1932 6981

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1932, to 6-3, 1932

I last saw her alive on 6-3-1932 death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. B. Butler, M. D.
(Address) Provident Hospital

M. D. B. 1268-9

80356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80356

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1609 Clifton Ave. St. 15-21 Ward)
Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Rainer
(a) Residence: No. 1609 Clifton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) About 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Anthony Rainer
14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Josephine ?
16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Miss Marie Rainer
(Address) 1609 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 7, 1932

19. UNDERTAKER J. J. Tucker & Son
(Address) 1 East Eager Street

6-8-1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 4 1932

22. I HEREBY CERTIFY, That I attended deceased from JUN 1 1932, 19... to JUN 4 1932, 19... I last saw her alive on JUN 4 1932, 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
general toxaemia after diabetes Mellitus	6/1/32
Other contributory causes of importance: Diabetes Mellitus, Chronic Myocarditis	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19 X
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place X X X X
Manner of injury X X X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? X
No If so, specify
(Signed) Ogden Dukes, M. D.
(Address) 828 E. North Ave.

AdCo. 5-31 250B

E 80357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80357

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6 St. Joseph Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvia Fennimore

(a) Residence: No. 615 N. Milton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josiah Fennimore

6. DATE OF BIRTH (month, day, year) Dec 7 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Norris New Jersey

FATHER

13. NAME Levi Robbins
14. BIRTHPLACE (city or town) (State or country) Port Norris New Jersey

MOTHER

15. MAIDEN NAME Jane Thompson
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Josiah Fennimore
(Address) 615 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pleasant NJ Date June 7 1932

19. UNDERTAKER Josiah Byfer
(Address) 604 N. Milton Ave

FILED 6 - 1932 Huntington Williams Agt. N.J. U.S.A.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to June 6 1932

I last saw h[illegible] alive on June 6 1932 death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12 ds.
Other contributory causes of importance: Foley Pneumonia	2 ds.
Septic Sore Throat	6 ds.
Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Baumgardner M. D.

(Address) St Joseph's Hospital

1-30—M. & T.—100 B—50L

E 80358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80358

CERTIFICATE OF DEATH

REGISTERED NO. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 76-37 WARD)

2-FULL NAME Joseph Anastasio.

(a) RESIDENCE NO. 3923 E.Lombard St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ---- ds. How long in U. S., if of foreign birth? 40 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Theresa Anastasio.

6 DATE OF BIRTH (month, day, and year) April --- 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	2	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Confectioner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Joseph Anastasio.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Maria Esposito.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Salvatora Anastasio. (brother)
(Address) 48 Caton Place Brooklyn, N.Y.

15 6-1932 Registered ... Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore & South sts
June 3, 1932

Did an operation precede death? No. Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/6/32 19 (Address) 1019 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery

DATE OF BURIAL: 6/7 1932

20 UNDERTAKER: Chas B Kephart

ADDRESS: 632 S Paca

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 80359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80359

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer H. Bethey Jr.

(a) Residence: No. Essex Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3rd 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex
(State or country) Md.

FATHER

13. NAME Elmer H. Bethey

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Anna F. Perica

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Elmer H. Bethey
(Address) Essex Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 6/8/ 1932

19. UNDERTAKER Thos J. Connelly
(Address) Essex Md.

20. FILED 6-8 1932 Huntington Williams, M.D. 1932 C. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1932 to June 6 1932

I last saw h alive on June 6 1932 Death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

Generalized peritonitis following Ruptured appendicitis

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Appendectomy & drainage Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J E Goodman M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Morgandelli

HEALTH DEPARTMENT—CITY OF BALTIMORE

80360

CERTIFICATE OF DEATH

131 E 80360

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Eutaw St. 5-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 35 yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Morgandelli

(a) Residence: No. 2234 Washington Blvd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Morgandelli

6. DATE OF BIRTH (month, day, year) Dec. 8, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	726	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Liberto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Liberto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Andrew Morgandelli

(Address) 2234 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 19

19. UNDERTAKER Frank V. Pistorese

(Address) 2818 E. Baltimore St.

Huntington Williams, M.D.

Registrar.

20. FILED 6-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to June 4, 1932

I last saw h alive on June 4 1932 Death is said to have occurred on the date stated above, at 3 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized cancerous adenitis	
C. V. disease & mitral stenosis & hypertension	?
Other contributory causes of importance:	
Chronic tuberculosis;	?
Pneumonia	June.
Rule - typical crisis	?

Name of operation None Date of .....

What test confirmed diagnosis? Blood exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

Spec.—1-10-21—M&T—1500 Blks.

E 80361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80361

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Eastern Avenue ST. 1-3 WARD)

2-FULL NAME Blazej . Paszkiewicz

(a) RESIDENCE NO. 2541 Eastern Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna . Paszkiewicz

6 DATE OF BIRTH (month, day, and year) Feb. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John . Paszkiewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary . Terlecki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mrs. Anna . Paszkiewicz 2541 Eastern Avenue

15 6-1932 Huntington Williams, M.D. Registrar of Records Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1932

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to June 4, 1932, that I last saw h— alive on June 4, 1932, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Kaszowski, M. D.

6/6, 1932 (Address) 2509 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: June 7 1932

20 UNDERTAKER: John M Weber ADDRESS: 401 Chester St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—601.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80362

E 80362

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 12-19 (WARD)

2-FULL NAME E.Oliver Grimes, Jr.

(a) RESIDENCE NO 1734 St.Paul St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of ~~XXXXXXXXXX~~ Bertha Grimes.

6 DATE OF BIRTH (month, day, and year) October 29, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Attorney at Law.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster, Md.

PARENTS

10 NAME OF FATHER E.Oliver Grimes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Helen V.Hammond.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Bertha Grimes. (wife)

(Address) 1643 Callow Hill St. Pitsburg, Pa.

15 Filed ..... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Heniplegia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1734 St. Paul St. June 5, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Mitchell Steinhardt, M. D. Coroner

6/6/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md. DATE OF BURIAL June 7 1932

20 UNDERTAKER J. B. Hippert 1830 E. Balto St. ADDRESS

Huntington Williams, M.D.

O. B. C. H. Registrar

S - 1932

TION is very important. See instructions on back of certificates.

...of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80363

E 80363

CERTIFICATE OF DEATH

183

REGISTERED NO. 90-69

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Brandon' Shore Stony Creek (St.) (Ward)

2-FULL NAME Harry G. Hergenhahn.

(a) RESIDENCE No. 2659 Lehman St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Anna M. Hergenhahn.

6 DATE OF BIRTH (month, day, and year) July 26, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John E. Hergenhahn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Skinner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Anna M. Hergenhahn. (wife)

(Address) 2659 Lehman St.

15 Filed JUN 7 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
While in swimming.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

6/6/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 9 1932

20 UNDERTAKER: F. B. Nippert — ADDRESS: 185 W. Baltimore St.

CAUSE OF DEATH to plain terms, so that they may be properly classified. See instructions on back of certificates.

69

M. D. B. 1268-9

E 80364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80364

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 W. Pratt St. 4-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver M. Hissey

(a) Residence: No. 1419 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Hissey

6. DATE OF BIRTH (month, day, year) July 31 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William D. Hissey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Sumner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Rose L. Spittel

(Address) 1419 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date June 7. 1932

19. UNDERTAKER D. B. Wippert

(Address) 1850 W. Baltimore St

20. FILED 6-7-1932 Huntington Williams M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 5 1932

I last saw h... alive on June 5 1932 Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	6/1/32

Other contributory causes of importance:

Chronic Arterio Nephritis	9 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunt Williams M. D.

(Address) 858 Hamilton Ave

M. D. B. 1268-9

80365 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 80365

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 E. Chase St. 8-12 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Langkamp

(a) Residence: No. 2237 E. Chase St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~nee WIFE~~) of Fannie V. Langkamp

6. DATE OF BIRTH (month, day, year) July 1st 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 01/5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Langkamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick W. Langkamp

(Address) 2237 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 8th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 6-1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30 1932 to June 5 1932

I last saw him alive on June 5 1932 Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 30
Pulmonary Edema	June 5
Chronic myocarditis	?

Other contributory causes of importance:

Senile Changes

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. A. Lisby, M. D.

(Address) 4 W. Fallsway

A4Co. 5-11 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

80366

E 80366

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals (If not in hospital, give street and number) 6-1-47 Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabella Coleman

(a) Residence: No. 4411 York Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Jas. Coleman

6. DATE OF BIRTH (month, day, year) May 7 - ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68?/		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Ball

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 9th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

6 1932 ....., 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1932 to 6-5, 1932

I last saw her alive on 6-5 1932 death is said to have occurred on the date stated above, at 8:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma Rectum	1929
Secondary Anemia	1929
Other contributory causes of importance:	
Bronchopneumonia	6-1-32

Name of operation Biopsy rectum Date of 1932

What test confirmed diagnosis? Pathology Were there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Luther E. Leiter M. D.

(Address) Balto City Hospitals

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 80367 | E 80367

CERTIFICATE OF DEATH

122-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fr Union Memorial St., 14-20 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. J. Roland Young (Margaret)

(a) Residence: No. 1618 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of J. Roland Young

6. DATE OF BIRTH (month, day, year) Dec. 9, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	✓	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth Mass

FATHER

13. NAME Malcom Robbins

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Husband
(Address) 1618 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 8th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams, Inc.

JUN 8 1932 19 ..... Registrar. Circle

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 6, 1932

I last saw her alive on June 6, 1932 death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	June 3 1932
Acute Ileum due to Adhesions	

Other contributory causes of importance:
None

Name of operation Laparotomy Date of June 4

What test confirmed diagnosis? Op Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel McCausland, M. D.

(Address) Union Mem. Hosp.

M. D. H. 1265-B

E 80368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 80368
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Pennsylvania Ave St.) 20-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Schaefer.

(a) Residence: No. 2020 Pennsylvania St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman Schaefer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Isabelle Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Henry Fleming

(Address) 2020 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery June 7-1932

19. UNDERTAKER George L. Schnatz & Son

(Address) 2401 Huntington Ave Baltimore MD

20. Filed 6-7 1932 C K P Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/24/32 1932 to 6-4/32 1932

I last saw h alive on 6-4 1932 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	7
Mitral Stenosis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Guess Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

6/6/32 (Signed) C Kelly Fleming M. D.

(Address) 2000 Hollins St

M. D. B. 1268-9

E 80369 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80369

CERTIFICATE OF DEATH

Registered No. 172-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 2605 W. Fairmount Ave Ward) 7

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Katherine Wasmus

(a) Residence: No. 2605 W. Fairmount Ave Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Wasmus

6. DATE OF BIRTH (month, day, year) Dec. 17-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 65	5	14 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Valentine Kuckuck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Wasmus (Address) 3802 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 7 1933

19. UNDERTAKER George L. Eshbach (Address) 2101 E Fredrick Ave

20. FILED 1933 Huntington Willis (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1932 to 6-4 1932

I last saw her alive on 6-4 1932 Death is said to have occurred on the date stated above, at 9 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhoids Inguinal	10 da
Other contributory causes of importance: Scirrhus Epithelioma	10 da
	3 hr

Name of operation Hemorrhoidectomy Date of 5 1932

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hjalmar S. Anderson M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80370

CERTIFICATE OF DEATH

131 E 80370

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 814 N. Gilmor St 3d Floor) ST., 16-22 WARD

2—FULL NAME Hannah Bowen Frisby

(a) RESIDENCE NO. 814 N. Gilmor St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred nearly all her life. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow.

3a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Henry Frisby

6 DATE OF BIRTH (month, day, and year) Apr. 12. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Jos Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Gertrude James Wheeler

(Address) 814 N. Gilmor St

15 Filed JUN 6 - 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4. 1932

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 4, 1932, that I last saw her alive on June 3, 1932 and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) Geo. C. Shannon, M. D.

6/4, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL June 7, 1932

20 UNDERTAKER Mr. Katie R. Williams

ADDRESS 322 N Schroeder St.

1-30—M. & T.—100 B—50L

E 80371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80371

REGISTERED NO. 18-26 1932

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1052 W. Saratoga St. (ST.) (WARD)

2-FULL NAME Doris S. McFarlane. C.

(a) RESIDENCE NO. 1052 W. Saratoga St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) December 4, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel McFarlane. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Mabel Jones. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mabel McFarlane. (C) mother.
(Address) 1052 W. Saratoga St.

15 Filed 6-1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation.
Rolled from bed, head caught at foot board, Accidental Death.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

6/6/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL June 7, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3329 Edmondson Ave.

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 80372 E 80372

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Brown

(a) Residence: No. 1608 Penn — St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Maud Johnson

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter Cemetery Date June 7 . 1932

19. UNDERTAKER Wm. Jas. R. Williams (Address) 1007 - E. Lafayette St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 . 1932 to June 4 . 1932

I last saw her alive on June 4 . 1932 Death is said to have occurred on the date stated above, at 7.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
chronic nephritis	? 20-32
uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 8037: E 80373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E80373

1. PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 36-42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth P. Snyder

(a) Residence: No. 1205 Mulberry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wh.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph I. Snyder

6. DATE OF BIRTH (month, day, year) Oct 8 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frisch Kern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Josephine Henry

(Address) 4705 Whitelock

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Red Cem Date 6/7 1932

19. UNDERTAKER Leonard J. Keyser & Son

(Address) 5305 Harford Ave

20. FILED JUN 7 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 3, 1932

I last saw her alive on June 3, 1932 death is said to have occurred on the date stated above, at 11 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal disease	

Other contributory causes of importance:

Acute Cholecystitis & Cholelithiasis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo. Hemmeter Snyder M. D.

(Address) St Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

80374

E 80374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 9-46

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin James

(a) Residence: No. 1222 Belmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860 ? Oct 1859

7. AGE	Years	Months	Days	If DEATH was within 1 day ... hrs. or ... min.
	72 ?	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Unknown Benj. James.

14. BIRTHPLACE (city or town) ?
(State or country) England

MOTHER

15. MAIDEN NAME Mary Evans.

16. BIRTHPLACE (city or town) ?
(State or country) England

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Dr. T. Cemet Date 6/8/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

JUN 7 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1925 to June 5, 1932
I last saw him alive on June 5, 1932 Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	June 4

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-6-32 (Signed) Elmer Highberger M. D.
(Address) Balto. City Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

E 80375 E 80375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4262 Nicholas Ave. St. 26-41 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..ds. How long in U. S. If of foreign birth?.. yrs. .. mos. .. ds.

2. FULL NAME Elizabeth Franz

(a) Residence: No. 4262 Nicholas Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Benedict J.Franz

6. DATE OF BIRTH (month, day, year): Dec. 6 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: (Rettner)

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Dorothy L.Litchfield
(Address): 4262 Nicholas Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/8/32 19

19. UNDERTAKER: Ruth Funeral Home
(Address): 1130 Hollins St.

20. FILED JUN 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to June 5 1932

I last saw her alive on June 5 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Interstitial nephritis	2 yrs ago
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) K.C.Beers M. D.

(Address) 5700 York Rd

OCCUPATION is very important. See instructions on back of certificate.

E M 80376 E 80376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ....) St. (7-24 Ward)

Length of residence in city or town where death occurred 8 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Fred Boston

(a) Residence: No. 756 George St. St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 26, ?

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44?	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

MOTHER

15. MAIDEN NAME Elizabeth Holmes

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6-7 1932

19. UNDERTAKER Daniel Carbon (Address) 76 Eager ave

20. FILED 6-7-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932 to June 5, 1932

I last saw him alive on June 5, 1932 Death is said to have occurred on the date stated above, at 1:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	long time

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of ....

What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Jas Arnold Jr. M. D.

(Address) Balto. City Hosp.

80377

E 80377.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3730 Philadelphia Ave) 36-11 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence L. Callahan

(a) Residence: No. 3730 Philadelphia Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Richard Callahan

6. DATE OF BIRTH (month, day, year) May 6 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55		26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John A Gibson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nancy Mister

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Callahan
(Address) 3730 Philadelphia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 8. 1932

19. UNDERTAKER John Gilbert & Sons
(Address) Huntingdon Pennsylvania

20. FILED JUN 7 1932 Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to 6/4 1932

I last saw her alive on 6/4 1932 Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	6/2/32
Other contributory causes of importance: Paralysis Hemiplegia	May 27-32

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) G. B. Wheeler M. D.

(Address) 1279 William St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 80378

E 80378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-54 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sirasky

(a) Residence: No. 823 ~~Eutaw~~ Lake Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Sirasky

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Daniel Sirasky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Golly

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Sirasky
(Address) 823 Lake Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Cemetery Date 6-7- 1932

19. UNDERTAKER Isaac Levine & Bro.
(Address) 1739 E Balto St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to 19

I last saw h alive on Death is said to have occurred on the date stated above, at 11 38 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull and other injuries	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? Sinai Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Jumped from 3rd story windo

Nature of injury to pavement below

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. Carr Coroner M. D.

(Address) 508 E Fort

OCCUPATION is very important. See instructions on back of certificate.

E 80379

E 80379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 5-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Guantico Ave St., 5 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Mehlman

(a) Residence: No. 2519 Guantico Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced WIFE of: Samuel Mehlman

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 49; Months; Days; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Kuse
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ida T
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jacob Kuse
(Address) 2519 Guantico Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lebanon Date 6-7- 1932

19. UNDERTAKER: Jacob Levine Inc.
(Address) 1439 E. Baltimore St

20. FILED ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to June 6 1932
I last saw her alive on June 6 1932 Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis and myocarditis	? 1
Other contributory causes of importance: Coronary Thrombosis	

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) B. Kadin M. D.
(Address) 2306 Eutaw Place

E 80380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80380

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-4 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Bointzigar

(a) Residence: No. 1923 E. Fratt St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Sarah Bointzigar

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Irving M. Bointzigar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dave ... (Address) 2174 - 133rd St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 6-7-1932

19. UNDERTAKER Jack Lewis Inc. (Address) 1239 E. Baltimore St.

Huntingtown Avenue, N.Y.

20. FILED JUN 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1932 to 6-7 1932

I last saw him alive on 6-7 1932. Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	2 yr.
Secondary Anemia	2 yr.
Bronchopneumonia (Type ?)	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

80381

E 80381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. 15-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME: Lottie Bell

(a) Residence: No. 1306 N. Carey St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	In Law

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Bell

6. DATE OF BIRTH (month, day, year): Feb. 20- 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~1~~	42.	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Record, Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn cemetery Date June 7, 1932

19. UNDERTAKER (Address): Thomas E. Kelson 1303 Presstman St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-3-, 1932 to 6-4, 1932

I last saw h[illegible] alive on 6-4, 1932 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

Acute myocardial failure — Date of onset: [illegible]

Other contributory causes of importance:

Myocarditis chronic — Date of onset: [illegible]

Name of operation None — Date of ....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6-5-32 (Signed) Elmer Hightower M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 80382

Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80382

23 v

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jones

(a) Residence: No. 221 Pitt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Carolina

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT ?
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date June 7, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED June 7, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1932 to 6-5, 1932

I last saw him alive on 6-5, 1932 death is said to have occurred on the date stated above, at 2 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Intermittent (?)	3 weeks ?
Other contributory causes of importance Arteriosclerosis Nephritis	? ? Spring 1931 ?

Name of operation Classical & Lat Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George M Jones, M. D.

6532 (Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 80383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80383

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Durham St. 7-13 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 55 yrs. ... mos. ... ds.

2. FULL NAME Barbara Gamba

(a) Residence: No. 809 N Durham St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Frank Gamba

6. DATE OF BIRTH (month, day, year) — unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 637

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Bohemia

FATHER

13. NAME — John Poledna

14. BIRTHPLACE (city or town) (State or country) — Bohemia

MOTHER

15. MAIDEN NAME — Fannie Mara

16. BIRTHPLACE (city or town) (State or country) — Bohemia

17. INFORMANT — Anna Gamba
(Address) 809 N Durham

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 9 1932

19. UNDERTAKER — Frank Crockett
(Address) 1906 Eastern Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to June 6 1932 last saw h... alive on June 6 1932 death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral Regurgitation	Long
Pulmonary Congestion	
Fatal Paralysis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	
Name of operation ... Date of ...	
What test confirmed diagnosis? ... Was there an autopsy? ...	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M.D.
(Address) 6752 No. 809 N. Durham St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80384

E 80384

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., 19-24 (Ward) —

Length of residence in city or town where death occurred ... yrs. 9 mos. 14 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W. Doll

(a) Residence: No. 527 So. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 24, 1931

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) Baltimore, Md (State or country)

FATHER

13. NAME Wm Doll

14. BIRTHPLACE (City or town) Baltimore, Md (State or country)

MOTHER

15. MAIDEN NAME Magdalene Musgrave

16. BIRTHPLACE (city or town) Pikesville, Md (State or country)

17. INFORMANT Wm Fred Doll

(Address) 527 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 6/9/32

19. UNDERTAKER E. J. Wagner

(Address) 526 Eastern Ave

20. FILED 6/9/32 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 5, 1932

I last saw him alive on June 5, 1932 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea and Enteritis	6/1/32
(Gastro Enteritis)	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E Keller Hemming, M. D.

6/6/32 (Address) 2000 Hollins St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80385

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. S. 27-32 Ward)

Length of residence in city (or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm C Brown

(a) Residence: No. 4222 Druid Chapel Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (Write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nora Brown

6. DATE OF BIRTH (month, day, year): 1878

7. AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Wm C Brown 4222 Druid Chapel Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date June 2, 1932

19. UNDERTAKER (Address): Mc Kellar Funeral Home

FILED JUN 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 19 32 to June 4 19 32 last saw h alive on June 4 19 32 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Toxemia	

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Link Coroner M. D.

(Address) Towson

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80386 E 80386

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 N. Carey St. 16-23 Ward)

Length of residence in city or town where death occurred 15 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Brooks.

(a) Residence: No. 921 N. Carey St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander Brooks.

6. DATE OF BIRTH (month, day, year) Unknown 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alexander Brooks

(Address) 921 N. Carey st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 7. 1932

19. UNDERTAKER Mrs. P. A. Elliott

(Address) 716 Lafayette Ave.

20. FILED ..., 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to June 4, 1932

I last saw her alive on June 4, 1932 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease -	

Other contributory causes of importance:

I do not know

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H K Forrest, M. D.

6/7/32 (Address) 1177 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 80387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80387

CERTIFICATE OF DEATH.

REGISTERED NO. 13-54

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2555 Madison St. WARD)

2-FULL NAME William H. Arnold

(a) RESIDENCE NO. 1621 Wylie st ST. WARD Washington Ave. L.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): P.O.

(c) Name of employer: Washington Ave. L.C.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rosa Anderson (Address) 2555 Madison ave

15 Filed JUN 7 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6th 1932

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1932, to June 6th, 1932, that I last saw him alive on June 6th, 1932, and that death occurred, on the date stated above, at 10:50 P.M.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. D. Newman, M. D.

6/6, 1932 (Address) 5419 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington Ave L.C.

DATE OF BURIAL: June 7 1932

20 UNDERTAKER: M. & R. A. Ellis

ADDRESS 1725 Eastlan[illegible]

TION is very important See instructions on back of certificates.

AACo. 5-31 250M

E 80388 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80388

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St., 9-47 Ward)

Registered No. 122
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward V. Magee

(a) Residence: No. 801 East 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Magee

6. DATE OF BIRTH (month, day, year) Oct. 22 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman (ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Magee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Magee
(Address) 801 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Catholic Date 6/8 1932

19. UNDERTAKER John A. Maher
(Address) 3000 E. Balto St.

20. Huntington Woods, Mich. Registrar.

JUN 7 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1932, to 6-4, 1932

I last saw him alive on 6-4 1932 death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance: Uremia	

Name of operation Exploratory Laparotomy Date of 5/31/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Young, M. D.

(Address) St Josephs Hosp
Director

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80389

80389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Dyson

(a) Residence: No. 1632 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Dyson

6. DATE OF BIRTH (month, day, year) Sept 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	8	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James ~~Brown~~

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Ellis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Walter Dyson 1632 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Place Osborn Cem. Date June 7, 1932

19. UNDERTAKER (Address) Chas. H. Wilson 1467 W. Baltimore St

Huntington Williams, M.D. Registrar.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.45 A.M.

The principal cause of death and related causes of importance were as follows:

Pistol Shot Wound of Brain — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos. H. Bruns Coroner, M. D.

(Address) 506 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

80390

E 80390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) Route to University Hospital St., (or Hospital or Institution)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Grant

(a) Residence: No. 924 Jenkins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm. Grant

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Brisco

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise Hooper
(Address) 924 Jenkins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date June 7, 1932

19. UNDERTAKER Samuel J. Hemsley
(Address) 594 W. Biddle St.

20. FILED 1932 Hartley H. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1931

Other contributory causes of importance:

Ascites

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner

(Address) ... M. D.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80391

HEALTH DEPARTMENT—CITY OF BALTIMORE

80391

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 N. Hartha ave St. 15-21 (Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca S Schmaltz

(a) Residence: No. 1823 N. Hartha ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis S Schmaltz

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Conchar Schmaltz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Karatzky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Francis S Schmaltz
(Address) 1823 N. Hartha ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dunmay Memorial Park Date 6-9-32 19

19. UNDERTAKER Cook Louis Jos
(Address) 1439 E. Baltimore St

20. FILED JUN 7 - 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to June 6 1932

I last saw h alive on June 6 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Hypertension	5/1/30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Levin Jones M. D.

(Address) 1810 Eutaw Pl

M. D. B. 1268-9

E 80392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80392

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Eagle St 20-72 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Rachael Harris

(a) Residence: No. 2129 Eagle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Israel Harris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Israel Harris

(Address) 2129 Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 6-7- 1932

19. UNDERTAKER Isaac Davis Inc.

(Address) 1739 E. Baltimore St.

20. FILED JUN 7 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-32 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/ 1931 to 6/7 1932

I last saw her alive on 6/7 1932 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant endocarditis	1/4/32

Other contributory causes of importance:

acute cardiac dilatation 1/14/32

Name of operation none Date of

What test confirmed diagnosis? clinical history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

E 80393

ME 80393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lake Montebello Rd St. 6-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Brooks

(a) Residence: No. 2006 N. Bonne St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Brooks

6. DATE OF BIRTH (month, day, year) Jan 29, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ship Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bell Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME W. T. Brooks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary J. Marchant

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Mildred B. Campbell

(Address) 1302 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date 6-8 1932

19. UNDERTAKER E. J. Lannon & Son

(Address) 1936 E. Lafayette Ave

20. FILED June 8 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Intracranial Hemorrhage	6/5/32
Other contributory causes of importance:	
Auto accident	6/5/32

Name of operation None Date of

What test confirmed diagnosis? Req Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6 19

Where did injury occur? Lake Montebello Rd nr. Seidenare

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Auto ran into telee

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Cahoon, Jr. M. D. Coroner

(Address) 2200 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 80394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80394

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 W Fayette St., 10-21 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline E Wenzing

(a) Residence: No. 1933 Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Otto

6. DATE OF BIRTH (month, day, year) Dec 31 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME William Petersen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Otto W. Wenzing

(Address) 1933 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 7 1932

19. UNDERTAKER J. Vernon Keeports

(Address) 1532 Hollins St

Hunting Park Avenue, Baltimore, Md.

Registrar.

Director

REC'D FILED JUN 7 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/8 32 to June 5 32

I last saw h alive on June 5 32 Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance: Cardiac Asthenia	10 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.....

(Signed) W. C. Hamill M. D.

(Address) 1 Mount Vernon Pl

Spec.—1-30—M. & T.—250 Bks

E 80395

✓ E 80395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146

REGISTERED NO. 26-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST., WARD

2-FULL NAME Mary Ella Johnson

(a) RESIDENCE NO. 4605 Asbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbert F. Johnson

6 DATE OF BIRTH (month, day, and year) Nov 7 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Kunkle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mabel Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Wilbert Johnson

(Address) 4605 Asbury Ave.

15 Filed 1932. 19 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 4/32, 19..., to June 6, 1932, that I last saw h[illegible] alive on June 6, 1932, and that death occurred, on the date stated above, at 7:05 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos 2 da.

CONTRIBUTORY (Secondary) Post Partum Hemorrhage 2 hrs

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Preg. Delivery Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry B. Coldwell, M. D.

Jan 7 32 (Address) 1103 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine cemetery

DATE OF BURIAL 6/9 1932

20 UNDERTAKER L. F. McGuckin

ADDRESS 130 E Fort

TION is very important. See instructions on back of certificates.

E 80396

E 80396 HEALTH DEPARTMENT—CITY OF BALTIMORE

10

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. ..... Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 21 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Shepherd

(a) Residence: No. 1709 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Dec. 16 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Shepherd

14. BIRTHPLACE (city or town) (State or country) No Carolina

MOTHER

15. MAIDEN NAME Carrie Moore

16. BIRTHPLACE (city or town) (State or country) No Carolina

17. INFORMANT Mrs. Carrie Shepherd
(Address) 1709 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/7/1932

19. UNDERTAKER Mrs Geo. E. Holland
(Address) 1630 Druid Hill Ave

20. FILED JUN 7 - 1932 Huntingtop Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 6, 1932

I last saw h[illegible] alive on June 6, 1932 death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial and Laryngeal Diphtheria	6/1/32
Other contributory causes of importance:	
Toxic Myocarditis	6/5/32

Name of operation Laryngeal Intubation Date of 6/6/32

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Peter Mezanski M. D.

(Address) Lyndenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Place statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 80397

E 80397 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2806 Eldodale Ave 27-44 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Lanasa Sr.

(a) Residence: No. 2806 Eldodale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mr.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Anna Lanasa

6. DATE OF BIRTH (month, day, year) March 19-1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony Lanasa
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Francis Longo
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Phillip Lanasa
(Address) 2806 Eldodale Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Date 6/8/32 19

19. UNDERTAKER Leonard J. Ryck
(Address) 5205 Harford Rd.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to June 5, 1932

I last saw him alive on June 5, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	
+ Cardiac Failure	

Other contributory causes of importance:

Cysteric sclerosis	
+ arteriosclerotic gangrene	
of foot	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas Emrick, M. D.

(Address) 4 702 Harper Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80398

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 27-42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Thielman

(a) Residence: No. 6004 Belair St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Thielman

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Alvina Bien

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Henry Thielman
(Address) 6004 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 6/6 . 19 32

19. UNDERTAKER Fred. Leseaburn & Son
(Address) 7401 Belair Road

20. FILED JUN 7 1932 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6/32

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Birth Injury	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J Young, M. D.
Coroner

(Address) 606 E Monument

OCCUPATION is very important. See instructions on back of certificate.

E M 80399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80399

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore md 3-4 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Metros

(a) Residence: No. 62 r S. Bond St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Bartholomek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Records Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 6/8/32 19

19. UNDERTAKER (Address) John H. Weber 401 S. Forester St. Huntington Williams, Md.

20. FILED 6-7-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-32

22. I HEREBY CERTIFY, That I attended deceased from 5-2-32 to 6-5-32

I last saw him alive on 6-5-32 Death is said to have occurred on the date stated above, at 7:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4 months ago

Other contributory causes of importance:

None

Name of operation Clinical & autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

6-5-32

(Signed) Clive Hightower Jr. M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

80400 ✓ E 80400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 W. Pratt St., 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Johnson

(a) Residence: No. 820 W. Pratt St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 670

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Ind Date June 7 . 1932

19. UNDERTAKER [illegible] Funeral Home

(Address)

20. FILED JUN 1 1932 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suffocated -

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ ... Date of injury 5/21 . 1932

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 820 W. Pratt St. Home

Manner of injury Fire at above address

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller M. D.

Coroner

5/31/32 (Address) 2139 Eastern Ave.

E 80401

1-30—M—6-32—100 B—50L

E 80401 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Washington Blvd. ST., 21-29 WARD)

2-FULL NAME Charles P. Rossiter.

(a) RESIDENCE NO 800 Washington Blvd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Pearl Rossiter.

6 DATE OF BIRTH (month, day, and year) June 8, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	44	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Rossiter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Murphy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Edward J. Rossiter. (brother)

(Address) 7 W. Randall St.

15 Filed JUN 7 1932 Huntington Wm [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos de.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt X, M. D. Coroner

6/7/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. | DATE OF BURIAL June 9 1932

20 UNDERTAKER Fred A. Thomas & Son | ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80402

E 80402 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 Grave 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Clinton St St. 26-36 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 about			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dulce Cemetery Date June 7, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUN 7 1932, 19 [illegible] Registrar.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

6/4/32 (Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 80403

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Laurens St. 16-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley T. Ball.

(a) Residence: No. 1203 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr 5-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Oscar Ball

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Myrtle Dunston

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Myrtle Ball
(Address): 1203 Laurens

18. BURIAL, CREMATION, OR REMOVAL

Place: Universal Md Date: June 7 1933

19. UNDERTAKER: ...
(Address)

20. FILED: JUN 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	7 Days
Other contributory causes of importance:	

Name of operation: None Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Beck M. D. Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80404 E 80404

CERTIFICATE OF DEATH

92-001

Registered No. 27455

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5606 Park Heights Ave Ward

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane C. Murphy.

(a) Residence: No. 5606 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	Widow.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Fr. J. Murphy

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rets

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Clark.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Dunnans

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. C. Dare

(Address) 5606 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 6/9, 1932

19. UNDERTAKER C. J. Semmes Funeral Co.

(Address) 1116 Park Heights Ave

20. Filed 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) John J. Morrison, M. D.
Coroner

(Address) 1632 Rolandon

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80405 E 80405

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N Pulaski St. 14th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamine Compton

(a) Residence: No. 721 N Pulaski St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Compton

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 Y			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1/31

11. Total time (years) spent in this occupation 2Y

12. BIRTHPLACE (city or town) (State or country) Ft. Myer Va.

FATHER

13. NAME George Franklin Compton

14. BIRTHPLACE (city or town) (State or country) Ft Myer Va

MOTHER

15. MAIDEN NAME Barbara Cullins

16. BIRTHPLACE (city or town) (State or country) Ft Myer Va

17. INFORMANT Mrs. Cullins
(Address) 721 N Pulaski

18. BURIAL, CREMATION, OR REMOVAL
Place Old Friends Cem. Date 6-8 1932

19. UNDERTAKER George P. Gibson
(Address) 1235 Pennsylvania Ave

20. FILED 6-8 1932 Huntington Williams N.P.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6-32

22. I HEREBY CERTIFY, That I attended deceased from 4-6-32 to 6-6-32

I last saw h. alive on 4-4-32 (Death is said to have occurred on the date stated above, at 7:40 a.m.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/32
Arteriosclerosis	

Other contributory causes of importance:

High blood pressure

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 724 North Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

80406

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 80406

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Gilmore St., 17-24 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME William Brown

(a) Residence: No. 1323 Argyle ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Last year

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME Katie Brown

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mother.
(Address) 1323 Argyle ave.

18. BURIAL, CREMATION, OR REMOVAL
Place University Hosp. Date June 7 19 32

19. UNDERTAKER [illegible]
(Address) 1201 W. FAYETTE.

20. JUN 7 1932 Registrar.

C. O. H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to June 7, 1932

I last saw him alive on June 6, 1932 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic aortitis	
Aortic regurgitation	?
with cardiac decompensation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. B. Winter, M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80407

CERTIFICATE OF DEATH

+35

E 80407

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital +34 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hilda Tate

(a) Residence: No. Odenton Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hale Tate

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dola Woodward

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT W. L. Woodward
(Address) Pasadena, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pasadena, Md. Date June 7, 1932

19. UNDERTAKER Harry D. Mitchell
(Address) 4101 Edmondson Ave. Baltimore, Md.

20. FILED JUN 7 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932 to June 5, 1932

I last saw h.. alive on June 5, 1932 Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about

Other contributory causes of importance:

Post Operative Shock

Name of operation Hysterectomy Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) B. W. Donohue, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

E 80408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80408

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3020 Guilford Av St.) 12-5 Ward 6

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Hess

(a) Residence: No. 3020 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Frances Hess

6. DATE OF BIRTH (month, day, year) May 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R.R. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. C. Sherman Denny

(Address) 3020 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 8, 1932

19. UNDERTAKER J. Sam't Denny

(Address) 3020 Guilford

20. FILED June 8, 1932 Wm. H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1932 to June 5th, 1932

I last saw h[illegible] alive on June 5th 1932 death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	June 5th 1932.
Coronary Thrombosis	Cont. attack

Other contributory causes of importance:

He has had numerous attacks of Angina Pectoris for past 21 years

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Beck M. D.

(Address) 5 E. Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NT 1932

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80409

CERTIFICATE OF DEATH

13/E 80409

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 William St. 22-33 Ward)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 26 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel A Randall

(a) Residence: No. 833 William St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E. Randall

6. DATE OF BIRTH (month, day, year) Mar 10. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Tug Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Edward Randall

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Leah Jones

16. BIRTHPLACE (city or town) Madison (State or country) Ind

17. INFORMANT Grace E. Randall (wife)
(Address) 833 William St

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date June 8 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ... 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5— 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932, to June 5 1932

I last saw h... alive on June 5 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the Heart	3 yrs ago

Other contributory causes of importance:

Bright's disease	

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Melvin, M. D.

(Address) 1324 W. North ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 80410 E 80410

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 E Lonvale St., 9-18 Ward) Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert W. De Kalb

(a) Residence: No. 1207 E Lonvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth De Kalb

6. DATE OF BIRTH (month, day, year) Aug. 31, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Irvin De Kalb

(Address) Lincoln Blvd Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6-9 1932

19. UNDERTAKER Fineral Co

(Address) 1217 E Fayette St

20. FILED JUN 7 1932 Huntington Williams M.D. Registrar.

88886

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to June 7, 1932

I last saw him alive on June 6, 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation.	
Arteriosclerosis	2 days.
Other contributory causes of importance: Angina Pectoris	

Name of operation ... Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) William F. Edwards, M. D.

(Address) 1200 N. Caroline St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 80411

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 80411

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2027 Annapolis Ave ST. 25th WARD) 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Zachariah Dunham

(a) RESIDENCE NO. 2027 Annapolis Ave ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E Dunham

6 DATE OF BIRTH (month, day, and year) Nov 26, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laying pipes

(c) Name of employer Balto City.

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER John Dunham

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Alice Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Mrs Zachariah Dunham

(Address) 2027 annapolis ave

15 6-7-1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to June 6, 1932,

that I last saw h alive on June 6, 1932

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Arterial hypertension & Arthritis, (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) H. Hamner Wheeler M. D.

June 6 1932 (Address) 2710 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	6/8/32 19

20 UNDERTAKER Bernard A Funk ADDRESS 784 Washington Blvd

important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 2lks.

E 30412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30412

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1728 Gorsuch ave WARD 64-46)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Moore

(a) RESIDENCE NO. 1728 Gorsuch ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 15 1848

7 AGE: Years 84 | Months | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ballo Maryland

PARENTS

10 NAME OF FATHER: Karl Burkert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Miss Elsie Moore 1746 E Lafayette ave

15 JUN 7 1932 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7/932

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1932 to June 7, 1932

that I last saw h alive on June 7, 1932

and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hem Rhage

(duration) yrs. mos. 3 ds.

CONTRIBUTOR (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Herbert Thomas, M. D.

June 1932 (Address) 1328 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: June 9th 1932

20 UNDERTAKER: George H. Schilling — ADDRESS: 1124 6 Monroe St

N 7 -1932

Spec—9-30—A & Co—250 Blks.

Catherine Hanigan

E 80413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80413

CERTIFICATE OF DEATH

2107 Lyndhurst

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2107 Lyndhurst ave ST. 95-66 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Hanigan

(a) RESIDENCE NO. 2107 Lyndhurst ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr Isadore J M Hanigan

6 DATE OF BIRTH (month, day, and year): Dec 3rd 1842

7 AGE: 89 Years | 6 Months | 3 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont know

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know

14 Informant (Address): Mrs M Montgray 2107 Lyndhurst ave Huntington Williams, N.Y.

15 6-7 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6-1932

17

I HEREBY CERTIFY, That I attended deceased from March 17 1932 to June 6- 1932

that I last saw h[illegible] alive on June 6 1932

and that death occurred, on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis degeneration due to old age and arteriosclerosis.

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Sclerotic cirrhosis of liver

(duration) — yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course.

(Signed) J Wesley Cole M. D.

6-7 1932 (Address) 7707 Harwood Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glen Rock Pa

DATE OF BURIAL: June 10 1932

20 UNDERTAKER: Geo H Schilling

ADDRESS 1124 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80414

CERTIFICATE OF DEATH

131 E 80414

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 Montpelier St. St., 9-46 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Toner

(a) Residence: No. 945 Montpelier St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie E. Eaton Toner

6. DATE OF BIRTH (month, day, year) July 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Salesman, Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield Dairy
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Toner
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Charles Toner
(Address) 945 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Greenlawn Co Date June 8 1932

19. UNDERTAKER Leigh & Leigh
(Address) 41 Gilmor St Huntington Williams, N.Y.

20. FILED 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1932 to June 5th, 1932
I last saw h alive on June 4th 1932 death is said to have occurred on the date stated above, at 9 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	6/5/32
Other contributory causes of importance: Hypertension & Chronic Interstitial Nephritis	1930

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Yungstedt III M. D.
(Address) 401 E 25th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 7 1932

M. D. B. 1268-9

E 80415

E 80415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 274 S. East Ave. Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Wisniewska

(a) Residence: No. 274 S. East Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Stanislaw Wisniewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Lucian Marcinkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT S. Wisniewski

(Address) 274 S East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 9 1932

19. UNDERTAKER J. H. Rogers Co.

(Address) 1930 E Eastern ave

20. FILED JUN 9 1932 Huntington Mich. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/3/32 19 ..... to ..... 19 .....

I last saw her alive on 6/7/32 19 ..... Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arthritis	
b. Rheumatic Endocarditis	
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold Straley M. D.

(Address) 3165 Eastern

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.D. Record 80416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80416

CERTIFICATE OF DEATH

V/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Warwick ave St. 15-66 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Mollie Elizabeth Thompson

(a) Residence: No. 1625 Warwick ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Thompson

6. DATE OF BIRTH (month, day, year) March 29-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Andrew J. Griffin

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Knight

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT William P. Thompson

(Address) 1625 Warwick ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Cem Date June 1932

19. UNDERTAKER Hurt & Sons

(Address) Mount Lawn

20. FILED June 7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to June 5 1932

I last saw her alive on June 5 1932 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset undet

Other contributory causes of importance:

Hypertension

Name of operation none Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H H Kyper M. D.

(Address) 3321 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 80417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80417

CERTIFICATE OF DEATH

V 123

Registered No. 15-62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lulu Bell Sykes

(a) Residence: No. 3602 Guilford Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Dr. Royal D. Sykes

6. DATE OF BIRTH (month, day, year): Sept 4, 1868

7. AGE: Years 63 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington, D.C.

FATHER

13. NAME: Wm. M. Ferguson

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Hannah Milligan

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT (Address): Dr. Royal D. Sykes 3602 Guilford Rd.

18. BURIAL, CREMATION, OR REMOVAL Place: Plymouth-Ohio Date: June 9, 1932

19. UNDERTAKER (Address): Wm. Fickus & Sons North & Pa Aves. Huntington, Indiana

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to June 7, 1932

I last saw h alive on June 7, 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Severe Diarrhea of unknown cause 6 4 32

Perforation of sigmoid colon 6 6 32

Acute cardiac dilatation with pulmonary edema 6 7 32

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of 6 6 32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wylie M. Lael M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80418

E 80418 HEALTH DEPARTMENT—CITY OF BALTIMORE

261586

CERTIFICATE OF DEATH

24 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth?..... yrs. ..... mos. ..... ds.

2. FULL NAME William Bailey

(a) Residence: No. 733 N Carlton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem June 8 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED June 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to June 4 1932

I last saw h.e alive on June 4 1932 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	May 25

Other contributory causes of importance:

Myocardial insufficiency	2½ mos

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80419

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Tunbridge Rd. St. 27-48 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Margaret Wagner

(a) Residence: No. 312 Tunbridge Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wagner, Martin Wagner

6. DATE OF BIRTH (month, day, year) Dec 25 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Tim Trottier

14. BIRTHPLACE (city or town) (State or country) ~~None—foreign~~ Unknown.

MOTHER

15. MAIDEN NAME Margaret Rice

16. BIRTHPLACE (city or town) (State or country) Paris, France

17. INFORMANT [illegible] me W. Person

(Address) 312 Tunbridge Rd

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date 6/9/32, 19

19. UNDERTAKER Henry W. Jenkins

(Address) Mitchell & Upchurch

20. FILED JUNE 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to June 6, 1932

I last saw her alive on June 6, 1932 Death is said to have occurred on the date stated above, at 6:56 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	May 13 1932
Interstitis Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. L. Kuyler M. D.

(Address) Lutherville apts

E 80420

E 80420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Paca St. 21-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Matthias

(a) Residence: No. 923 S. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel to. Md

FATHER

13. NAME John Matthias

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Rutzman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosalie Matthias
(Address) 923 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 6/10 1932

19. UNDERTAKER Joseph Lendenson
(Address) 217 S Paca St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... Death is said I last saw h..... alive on ..... 19 ..... to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Augustus Tellis M. D. Coroner
6/10/32 (Address) 2737 Eutaw Ave

M. D. B. 1268-9

Dora Rosenfeld

E 80421 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80421

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 E. Balto St. 2-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 32 yrs. ..... mos. ..... ds.

2. FULL NAME Dora Rosenfeld

(a) Residence: No. 1101 E. Balto St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Rosenfeld

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Starr

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Rosenfeld

(Address) 1101 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 6-8 1932

19. UNDERTAKER Fred Louis Grey

(Address) 1939 E. Baltimore St.

20. FILED JUN 8 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/7 1932 to 6/7 1932

I last saw her alive on 6/7 1932 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1930
Hypertension	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L Lipsitz M. D.

(Address) 2320 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80422

CERTIFICATE OF DEATH

1/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Robert Willoughby

(a) Residence: No. 1702 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Willoughby

6. DATE OF BIRTH (month, day, year) July 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville, N.C.

FATHER

13. NAME Benjamin Willoughby

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Laney ??????

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT (Address) Jasper Willoughby 1702 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 9, 1932

19. UNDERTAKER Leonard M. Blase & Son (Address) 608 N. Gilmor St.

20. FILED JUN 9 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Intraventricular Hemorrhage	
Other contributory causes of importance: Hypertension- Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 508 E Fayette Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80423

CERTIFICATE OF DEATH

V23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Aliceanna St. 7-4 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 29 yrs. ... mos. ... ds.

2. FULL NAME EMIL RUPPERSBERGER

(a) Residence: No. 1611 Aliceanna St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Ruppersberger

6. DATE OF BIRTH (month, day, year) June 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	59	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Ruppersberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Schmidt (Nephew)
(Address) 1611 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date June 8. 1932

19. UNDERTAKER Henry Sander & Son. Inc.
(Address) Baltimore St. & Broadway.

20. FILED JUN 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to June 6 1932
I last saw h... alive on June 5 1932 Death is said to have occurred on the date stated above, at 6.10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis
and
Pulmonary tuberculosis

Other contributory causes of importance

Name of operation — Date of ...

What test confirmed diagnosis? and Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Ruppersberger M. D.

(Address) 224 E 39th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30424 | CERTIFICATE OF DEATH | + 108 | 30424

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Mercy Hospital 4-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oliver E Bishop

(a) Residence: No. 1832 Connecticut Ave St., ... Ward. Washington DC.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ×

6. DATE OF BIRTH (month, day, year) Sept 9 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner & Race Horses

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME William C Bishop

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary E Cooley

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs John M S Oliver
(Address) 1832 Conn Ave Washington DC

18. BURIAL, CREMATION, OR REMOVAL
Place Kansas City Mo Date June 10 1932

19. UNDERTAKER Leslie Hardesty
(Address) Sullivan & Hayden Huntington W Va

20. FILED 1932 - 1007 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12 . 1932 to June 8 . 1932
I last saw him alive on June 6 . 1932 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 12 1932
Essential Hypertension	?
Other contributory causes of importance: Lobar pneumonia	June 6 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur D. Livingston, M. D.
(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80425

X 41-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-51 St., Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick A. Hauser (Stranded Baltimore Md)

(a) Residence: No. 801 Overbrook Road, Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Reed Hauser

6. DATE OF BIRTH (month, day, year) November 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Coast Guard

10. Date deceased last worked at this occupation (month and year) 6-1-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Adolph Hauser

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Louise Dirk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Cem. Date June 8, 1932

19. UNDERTAKER E. Leopold Miller, Inc.
(Address) 525 N. Eutaw St.

20. FILED JUN 9 1932 Hunter Cornell, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 6, 1932

I last saw him alive on June 6, 1932 death is said to have occurred on the date stated above, at 8.10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, post-influenzal	5-30-32
Other contributory causes of importance:	

Name of operation --- Date of
What test confirmed diagnosis? Spinal punctures 6/1 & 6/4/32 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) U.S. Marine Hospital, Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80426 & Co.—200 Blks.

✓ E 80426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 726 S. Curley ST. 1-1 WARD)

2-FULL NAME Dolores Marski

(a) RESIDENCE NO. 726 S. Curley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 5" 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Marski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Catherine Kolkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John Marski 726 S. Curley

15 6/8/32 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1932

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1932, to June 7, 1932.

That I last saw h[illegible] alive on June 6, 1932

and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Convulsions
Bronchial Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Tenczowski M. D.

6/9 1932 (Address) 2038 Eastern Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem DATE OF BURIAL June 9, 1932

20 UNDERTAKER Stephen J. Falkowski INC ADDRESS 1002 S. Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 30427 HEALTH DEPARTMENT—CITY OF BALTIMORE 30427

CERTIFICATE OF DEATH

124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 E Federal St., 8-16 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Pennington

(a) Residence: No. 2514 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Pennington

6. DATE OF BIRTH (month, day, year) July 25 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Father 58

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME James Pennington

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amelia Swann

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lillie Pennington

(Address) 2514 E. Federal St

18. BURIAL, CREMATION OR REMOVAL

Place Baltimore Date 6/9/32 19

19. UNDERTAKER Philip Steibig

(Address) 2016 Eastern Ave

20. FILED — Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6 1932 to June 6 1932

I last saw him alive on June 6 1932 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Toxemia of Pregnancy

Date of onset

Other contributory causes of importance:

Lobar Pneumonia of Lung

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. P. Carman M. D.

(Address) 1701 N Carolina St

Information should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 80428 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80428

CERTIFICATE OF DEATH.

124-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 316 E. 28th St., (Ward) 9-46

2-FULL NAME Otto Diederichs

(a) RESIDENCE NO. 316 E. 28th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Clara Diederichs

6 DATE OF BIRTH (month, day, and year) 1. 20. 77.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Yeast business

(c) Name of employer Fleischman Co.

9 BIRTHPLACE (city or town) (State or country) Colorado

PARENTS

10 NAME OF FATHER Albert Diederichs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Clara Diederichs 316 E. 28th St.

15 Filed ..... 1932 ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6. 7. 32.

17 I HEREBY CERTIFY, That I attended deceased from July 31, 19 31, to June 6, 19 32, that I last saw h alive on June 6, 19 32, and that death occurred, on the date stated above, at 2:15 A m.

The CAUSE OF DEATH* was as follows:

Delirosis of Liver

alcoholic

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6 32.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles H. A. Meyer, M. D.

6. 7. 1932 (Address) 1031 N. Caroline St. Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 6/9 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

N

AaCo. 5-31 250B

80429 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80429

CERTIFICATE OF DEATH

48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 25-32 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Schreiber

(a) Residence: No. 241 Westport St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Schreiber

6. DATE OF BIRTH (month, day, year) Sept. 6, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
April 1932	5 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frank Kral
14. BIRTHPLACE (city or town) ? (State or country) Cheko Slovakia

MOTHER

15. MAIDEN NAME Mary Sadlik
16. BIRTHPLACE (city or town) ? (State or country) Cheko Slovakia

17. INFORMANT Mary Traynor
(Address) 2418 Bangor St. Lakeland

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 9 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED June 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to June 7, 1932

I last saw h.e.r. alive on June 7, 1932 death is said to have occurred on the date stated above, at 5 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	2 yrs ago.
Other contributory causes of importance:	
Secondary anemia	3 mo.

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph J. Schork M. D.
(Address) Womans Hospital

Information should be carefully supplied. Be sure that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

N 8 1932

M. D. B. 1268-9

E 80430 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80430

CERTIFICATE OF DEATH

107-007

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 17-324 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerome Cheeks

(a) Residence: No. 1116 Dorn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, year) June 28, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37?	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canvasser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 07

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Henderson N.C.

FATHER

13. NAME Jerome

14. BIRTHPLACE (city or town) (State or country) Henderson N.C.

MOTHER

15. MAIDEN NAME Mollie Nelson

16. BIRTHPLACE (city or town) (State or country) Henderson N.C.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date June 8, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1932 6588 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 6, 1932

I last saw him alive on June 6, 1932. Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism, chr. acute	1 yr
Other contributory causes of importance: Bronchopneumonia	4 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Jas. Clements Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80431

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1681 N. North Ave St. 15-21 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. McKee

(a) Residence: No. 1681 N. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Vernon Mills

10. Date deceased last worked at this occupation (day, month and year) Retired 6 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co
(State or country) Md

FATHER

13. NAME James McKee

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

MOTHER

15. MAIDEN NAME Sarah Price

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Miss Mary F. McKee
(Address) 1681 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Churchville, Md Date June 9, 1932

19. UNDERTAKER Wm J Tickner & Son
(Address) North & Pierce

20. FILED JUN 9 1932 Huntington Millspaugh, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to June 7, 1932

I last saw h alive on June 6, 1932 Death is said to have occurred on the date stated above, at 2 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6/6/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J Edw Talbott, M. D.

(Address) 2026 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 80432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 80432

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4204 Springdale Ave. St. ..... Ward) 28-6

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 49 yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Bach

(a) Residence: No. 4204 Springdale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Bach

6. DATE OF BIRTH (month, day, year) July 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME David Bertuch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Straus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Simon Bach
(Address) 4204 Soringdale Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date 6/9/ 19 32

19. UNDERTAKER Hard Sondheimer & Son
(Address) 1902 Eutaw Place.

20. FILED JUN 8 1932 Registrar. H. F. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1931, 1932, to June 7, 1932

I last saw h. alive on ....., 1932 death is said to have occurred on the date stated above, at ..... A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast,	
to Cerebral hemorrhage	
Contusion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. E. Deaver M. D.

(Address) 3201 Garrison Blvd.

information should be carefully supplied. Any omission or error in answering questions should be explained. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 30433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80433

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Sadie E. Breneman

(a) RESIDENCE NO. Bay Side - Ft Howard Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Breneman

6 DATE OF BIRTH (month, day, and year) Feb 4, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Fannie Jumper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hospital Records
(Address)

15 Filed 19 Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from 6-4, 1932, to 6-8, 1932, that I last saw h[illegible] alive on 6-7, 1932, and that death occurred, on the date stated above, at 7 55 a.m. 6/8/32

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Cha Nephritis & Myocarditis (duration) - Former cond. 1 yr. Patient confined

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert F. Chenault, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 6 11 1932

20 UNDERTAKER J M Cook — ADDRESS 1217 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N 8-1932

1-30—M. & T.—100 B—50L

E 80434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80434

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3110 Clifton Av ST., 15-61 WARD

REGISTERED NO. 164-201

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Cooksey Eichberger

(a) RESIDENCE NO. 3110 Clifton Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? 55 yrs. 5 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 5 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cashier - Dry
(b) General nature of industry, business, or establishment in which employed (or employer): Insurance
(c) Name of employer: Fidelity Mutual Life Ins Co Balto.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Geo. S. Eichberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Annie J. Cooksey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Katharine Eichberger

(Address): 3110 Clifton Av.

15 Filed 6-8-1932, 192 RFA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Asphyxia. Illuminating Gas
(duration) yrs. mos. Suddenly

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. Leland Smith, M. D. Coroner

, 19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cemetery — DATE OF BURIAL: 6/10, 1932

20 UNDERTAKER: Howard W. Lowe — ADDRESS: Balto

AaCo. 5-31 250B

80435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80435

CERTIFICATE OF DEATH

161-002

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-51 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Baldwin

(a) Residence: No. 2914 Wyman Pkwy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Wm F Baldwin

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Thos Penny or

16. BIRTHPLACE (city or town) (State or country) Pensacola Fla

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chesterton Md Date 6/8 1932

19. UNDERTAKER Kennedy Rimel Co.
(Address) Baltimore
Huntington Williams N.S.

20. FILED JUN 8 1932 Registrar. J NRB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to June 5, 1932

I last saw h[illegible] alive on June 5, 1932 death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	6/6/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John M. Hanes, M. D.

(Address)

Information should be carefully supplied. All items should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80436

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1327 Fossuck St., (Ward) 9-46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? 60 yrs. 4 mos. 11 ds.

2. FULL NAME Jerome William Steigle

(a) Residence: No. 1327 Fossuck St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race,	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Steigle

6. DATE OF BIRTH (month, day, year) June 26 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Yellow

10. Date deceased last worked at this occupation (month and year) August 1932

11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME Jerome Steigle

14. BIRTHPLACE (city or town) Balto. (State or country) Md

MOTHER

15. MAIDEN NAME Mary A Dean

16. BIRTHPLACE (city or town) Balto. (State or country) Md

17. INFORMANT Mrs Jerome Steigle (Address) 1327 Fossuck St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 10, 1932

19. UNDERTAKER Lurz & Hanes (Address) Baltimore

20. FILED JUN 8-1932 Huntington Ave. Registrar. # 80436

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6th 1932 to June 6th 1932

I last saw him alive on June 6th 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
arterio Sclerosis	
Hyper Tension	

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Howard E Wooden M. D.

(Address) 530 E. North avenue

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80437 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80437

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-22 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Anderson

(a) Residence: No. 1613 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chesley Anderson

6. DATE OF BIRTH (month, day, year) Mar. 27 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	9	25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sam Harry

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Harriet Fouks

16. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

17. INFORMANT Sister Hattie Howard
(Address) 264 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date 6-10- 1932

19. UNDERTAKER Byron Thomas Wright
(Address) 1218 McElderry St

20. FILED JUN 9 - 1932 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21 1932 to June 6 1932

I last saw her alive on June 6 1932 Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	6 mos
Chronic Glomerular Nephritis	6 mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) A. Reid Grossman, M. D.
(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80438

E 80438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Ashland Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Weir

(a) Residence: No. 1222 Ashland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Weir

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William Friend

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Hastains

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Wood

(Address) 111 23d St N.W. Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Cem Date 6/9 1932

19. UNDERTAKER Burch & Manning

(Address) 2111 McElderry St

20. FILED JUN 9 1932 ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/ 1932 to 6/6 1932

I last saw her alive on 6/6 1932. Death is said to have occurred on the date stated above, at 11 1/2 m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction & Endocarditis

Date of onset about 6/1/32

Other contributory causes of importance: Sexual Debility & Anemia

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jas R. Blake M. D.

(Address) 524 Augusta St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2508

E 80439

E 80439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH West Baltimore General Hospital Registered No. 27-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHN HUGHES.

(a) Residence: No. 2820 WESTFIELD AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (?)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year) 1862-Oct 12

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coatsville Pa

FATHER

13. NAME Joseph Hughes

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary E Veasey

16. BIRTHPLACE (city or town) (State or country) Bucks Co Pa

17. INFORMANT Emily Pascal

(Address) 2820 Westfield

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 11 1932

19. UNDERTAKER Jos. L. Kerr & Son

(Address) 1104 N. Eutaw St.

20. FILED JUN 9 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to June 8, 1932

I last saw h.. alive on June 8, 1932 death is said to have occurred on the date stated above, at 1:7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
(1) Generalized Arteriosclerosis	??
(2) Chronic Myocarditis	??

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip J Lerner, M. D.

(Address) West Baltimore General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 0-38 A & Co. 250 Blks

E 80440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80440

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 Westminster Ave ST. 16-27 WARD

2. FULL NAME William Edgar Timmm

(a) RESIDENCE NO. 1818 W. Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 (Single, Married, ~~Widowed~~, or ~~Divorced~~, write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Timmm

6 DATE OF BIRTH (month, day, and year): Aug 15-1860

7 AGE: Years 71 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President 086

(b) General nature of industry, business, or establishment in which employed (or employer): Merrill & Ziegler Employees

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila. Penna

PARENTS

10 NAME OF FATHER: Lewis Timmm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Edwina M. Timmm 4301 Leland Ave

15 Filed JUN 9 1932 19 Registrar: Huntington Wilkins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8-1932

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 8, 1932, that I last saw h[im] alive on June 7, 1932, and that death occurred, on the date stated above, at 12.45 P. M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 2 yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary): Endocarditis

(duration) 2 yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. W. Dillingo M. D.

19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. | DATE OF BURIAL: June 9th 1932

20 UNDERTAKER: Putnam & Son | ADDRESS: 2224 N. Charles

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 80441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80441

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Frederick Ave St. 70-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Franklin Carrick

(a) Residence: No. 110 Frederick Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Annie Carrick (1868)

6. DATE OF BIRTH (month, day, year) March 14-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	-	24-25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Louis Carrick

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Edward F. Carrick
(Address) 123 S. Edmondson St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon P.K. Date June 11th 1932

19. UNDERTAKER A. Jones
(Address) 11 Edmondson Ave

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26- 1932 to June 8- 1932

I last saw him alive on June 7- 1932 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown
Other contributory causes of importance:	
Influenza	(14 da) 5-25-32

Name of operation none Date of -

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Riland M.D. M. D.
Director

(Address) 2532 Edmondson Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: Study state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-002

E 80442

REGISTERED NO. E 80442

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 80442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST., 8-17 WARD)

2-FULL NAME James Mahon.

(a) RESIDENCE NO 2017 E.North Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of WIFE of Elizabeth M.Mahon.

6 DATE OF BIRTH (month, day, and year) May 20, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	0	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe machine operator.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) District of Columbia.

PARENTS

10 NAME OF FATHER John Mahon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Elizabeth M. Mahon. (wife)

(Address) 2017 E.North Ave-

15 Filed JUN 9 - 1932 Huntington W[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Adeno Prostate.
Urinary extrovisation of scrotum
Congrene of Penis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Patient died on operating table bo incision for cysterectomy was being made. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2017 E North Ave.

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/9/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jun 11 1932

20 UNDERTAKER Geo. W. Tuttle Director

ADDRESS 2700 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E-80443 100 B—50L

E 80443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-002

1-PLACE OF DEATH: Boston Iron & Metal Co.

CITY OF BALTIMORE: (NO.) Foot of Bennhill St. (ST.) 28-64 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Thomas W. McQuillan.

(a) RESIDENCE NO 4307 Springdale Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of Elizabeth M. McQuillan.

6 DATE OF BIRTH (month, day, and year) November 17, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bookkeeper.
(b) General nature of industry, business, or establishment in which employed (or employer): Boston Iron and
(c) Name of employer: Metal Co.

9 BIRTHPLACE (city or town) (State or country): Chicago, Ill.

PARENTS

10 NAME OF FATHER: Charles McQuillan.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dickinson, Ontario.

12 MAIDEN NAME OF MOTHER: Inez De Laney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Messina, N.Y.

14 Informant: Elizabeth M. McQuillan. (wife)

(Address) 4307 Springdale Ave.

15 Filed JUN 9 - 1932 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck on the head by a falling piece of iron, Occidental Death.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. H. Reinhardt X, M. D. Coroner

6/9/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery

DATE OF BURIAL: June 9 1932

20 UNDERTAKER: H. Lander Sons Inc

ADDRESS: 1710 Pleasant

Director

INFORMATION: WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 9-31 250B

E 80444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80444

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hosp St., 7 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Harry J. Markey

(a) Residence: No. 612 E 38th St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Edna Markey

6. DATE OF BIRTH (month, day, year) Dec 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Altoona Pa

FATHER

13. NAME David Markey

14. BIRTHPLACE (city or town) (State or country) Frankstown Pa

MOTHER

15. MAIDEN NAME Anna M. Nolen

16. BIRTHPLACE (city or town) (State or country) Hollidaysburg Pa

17. INFORMANT Edna B. Markey
(Address) 612 E 38th St

18. BURIAL, CREMATION, OR REMOVAL
Place New Orleans Date June 13 1932

19. UNDERTAKER M. Josiah Lyfer
(Address) 1600 N North Ave

20. FILED JUN 9 1932 [illegible] Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-31-1932 to 6-7-1932

I last saw h... alive on 6-7-1932 death is said to have occurred on the date stated above, at 1000 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8 days

Other contributory causes of importance:

Bronchial Pneumonia	10 days

Name of operation ... Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Fenton, M. D.

(Address) South Baltimore General Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E-80445

E 80445 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 5/V

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 16-24 St., 4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alma Shaw

(a) Residence: No. Chesapeake City, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Penter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John L Shaw

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Hillard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Irvin T Smith

(Address) Union Bridge

18. BURIAL, CREMATION, OR REMOVAL

Place Union Town Cem. Date June 11, 1932

19. UNDERTAKER H. Bankard & Sons

(Address) Westminster Md

20. FILED JUN 13 1932 [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to June 9, 1932

I last saw h[illegible] alive on June 9, 1932 death is said to have occurred on the date stated above, at 5:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Generalized Carcinomatosis	??
(2) Chronic Myocarditis	

Other contributory causes of importance:

(1) Chronic Bronchitis	??
(2) Morphine addiction	??
(3) Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-B

E 80446

Sisia Farbman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80446

CERTIFICATE OF DEATH

23V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Orem Ave St. 13-54 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sisia Farbman

(a) Residence: No. 2309 Orem Ave., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sisia Farbman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Farbman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Faiga

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sisia Farbman

(Address) 2309 Orem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Levy's Mt. Lamel Date 6-9- 1932

19. UNDERTAKER Jacob Levin Inc.

(Address) 1423 E Baltimore St.

20. FILED 1932 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 1928 ... to June 9, 1932

I last saw h im alive on June 8 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 5 yrs ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Theodore H. Mouson M. D.

(Address) 1013 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80447

CERTIFICATE OF DEATH

92-601

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Linwood Ave 6-11 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anna Hammer

(a) Residence: No. 12 N. Linwood Ave. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced! HUSBAND of (or) WIFE of Edward Hammer

6. DATE OF BIRTH (month, day, year) May 20th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Phillips

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Mary Marshall

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

17. INFORMANT Ida A. Est Daughter
(Address) 12 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date June 1932

19. UNDERTAKER Lilly & Sons Inc
(Address) 1138 W. Fayette St

20. FILED JUN 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 26 1931 to June 8 1932

I last saw h.. alive on June 8 1932 Death is said to have occurred on the date stated above, at 2:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 7/32

Other contributory causes of importance:

Chronic Endocarditis	
Arteriosclerosis.	June 1932.

Name of operation None Date of

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Mayer Jr M. D.

(Address) 1520 E. 33rd St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80448

CERTIFICATE OF DEATH

17 3v

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST., 1 WARD)

2-FULL NAME George H Boehmke

(a) RESIDENCE NO 2812 Elliott St ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adolph Boehmke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Nekelski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Helen Boehmke

(Address) 2812 Elliott St

15 Filed JUN 9 1932, 192 R. E. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Fall on street) Manslaughter

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) B. C. Nerger M.D., M. D. Coroner

6/8, 1932 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL June 10th 1932

ADDRESS 4010 O. Monument

20 UNDERTAKER Libby & Zeiler Inc.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80449

CERTIFICATE OF DEATH

E 80449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N Bentalou St. 20-65 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Elizabeth Kraft

(a) Residence: No. 22 N Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16 1867

7. AGE Years 65 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (a) Home (b)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Henry Kraft

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kalm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Kraft (Address) 22 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL Place Western Date June 9th 1932

19. UNDERTAKER H. Thistlethwaite (Address) Hampton Phillips, N.D.

20. FILED JUN 9 1932 R S H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1932 to June 7 1932

I last saw her alive on June 6 1932 Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast removed	1929.
Recurrent Carcinoma breast	1931
extension into lungs	1932.
Other contributory causes of importance	
Cardiac Dilatation	June 5. 32

Name of operation Radical Breast. Date of 10-1-27

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Lee C Blake M. D.

(Address) 719 Med. Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80450

CERTIFICATE OF DEATH

95-002

E 80450

1—PLACE OF DEATH

REGISTERED NO. 17-24

CITY OF BALTIMORE: (No. 1303 Myrtle ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John J. Jackson

(a) RESIDENCE NO. 1303 Myrtle Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

6 DATE OF BIRTH (month, day, and year) May 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	/		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) O'D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David Jackson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

11 Informant Alice Jackson Relation

(Address) 1303 Myrtle Ave

13 Filed JUN 9 - 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7—32

17 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1932, to June 7, 1932, that I last saw him alive on June 7, 1932, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardio - Renal Disease

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. D. Woolridge, M. D.

6/9, 1932 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 6/10/32

20 UNDERTAKER Wm. Wm. H. Holland

ADDRESS 1031 Druid Hill

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAREFUL in filling out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

E 80451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80451

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 46 Ward

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Williams

(a) Residence: No. 1126 Mosher st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, ~~1914~~ 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	~~20~~ 18	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Rebecca Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/11/32

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED JUN 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1932 to June 9, 1932

I last saw him alive on June 9, 1932 Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	~~2~~ ½ yr.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lawrence F. Sena, M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 58707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80452

CERTIFICATE OF DEATH

34

E 80452

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-20 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Williamson

(a) Residence: No. 563 Lamens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown 1885-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Lamons

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Edwards Va Date 6/10/32

19. UNDERTAKER Mrs. Geo. A. Holland
(Address) 64 E David Ellyn ave Huntington Park Delaware, N.Y.

20. FILED JUN 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932 to June 7, 1932

I last saw her alive on June 7, 1932 Death is said to have occurred on the date stated above, at 7:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of aorta - Aortic insufficiency	6 mo.
Other contributory causes of importance: Chronic glomerular nephritis: Uremia	1 year

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80453

E 80453

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-17 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME William George Hunter

(a) Residence: No. Old Court Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nannie Louise Hunter

6. DATE OF BIRTH (month, day, year) Jan 26,1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turnkey-Balto.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co. Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0[illegible]

12. BIRTHPLACE (city or town) (State or country) Monrgomery Co., Md

FATHER

13. NAME John Henry Hunter

14. BIRTHPLACE (city or town) (State or country) Long Green, Md.

MOTHER

15. MAIDEN NAME Susanna Scott Key

16. BIRTHPLACE (city or town) (State or country) Balto. City, Md

17. INFORMANT Reginald Hunter (son)

(Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mon Cathedral Cem Date 6/11/32, 19

19. UNDERTAKER J. N. Newell & Co.

(Address) Pikesville, Md.

Huntington Wilkins, Jr.

Clerk Registrar.

N 9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 32 19

22. I HEREBY CERTIFY, That I attended deceased fro[illegible] 19 to 19

I last saw h[illegible] alive on 19 Death is sa[illegible]

to have occurred on the date stated above, at 10.05 m. A.M.

The principal cause of death and related causes of importance were as follows:

Odema, cogestion and subdural hemorrhage of brain.

Other injuries

Date of on[illegible]

Other contributory causes of importance:

Assault by prisoners in Pikesvill[illegible] Police Station.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury June 6 19[illegible]

Where did injury occur? Pikesville Police Sta

Specify whether injury occurred in industry, in home, or in pub[illegible] place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decease[illegible] If so, specify

(Signed) Jos H Wade Coroner. M.

(Address) 508 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 80454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80454

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH St Josephs Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-46 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Moan.

(a) Residence: No. 1706 Abbottston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George I. Moan

6. DATE OF BIRTH (month, day, year) 5/21/1894

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	38	-	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lawrence Richter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte Seebold

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George I. Moan
(Address) 1706 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 6 3 1932

19. UNDERTAKER George J. Hoch Sr
(Address) 1750 Hanover Ave

20. FILED ..... 19..... Registrar.

JUN 6 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1932 to 6/9, 1932

I last saw her alive on 6/9 1932 death is said to have occurred on the date stated above, at 4-27 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	6/1/32
Other contributory causes of importance: Appendiceal Abscess	5/26/32
Hypertensive cardiovascular disease	

Name of operation Incision & drainage Date of 5/31/32

What test confirmed diagnosis? by nothing short of Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — , 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) St Josephs Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 80455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80455

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304- N. Caroline Street, St., 9-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wilson Pettee

(a) Residence: No. 1304-N. Caroline St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 9/6/1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acctn't.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bradley T. J. Pettee

14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER

15. MAIDEN NAME Clara Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bradley T. J. Pettee

(Address) 1304-N. Caroline Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 6/10/32 19

19. UNDERTAKER

(Address)

20. FILED JUN 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8/32 19

22. I HEREBY CERTIFY, That I attended deceased from September 1930 to June 8 1932

I last saw h alive on June 8 1932. Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1930

Other contributory causes of importance:

Name of operation Intrapleural Pneumolysis Date of 1931

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Denis Tenar M. D.

(Address) Medical Arts Bldg

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 80456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30456

CERTIFICATE OF DEATH

23.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3619 White Ave. St., 37-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia B. Bender

(a) Residence: No. 3619 White Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles J. Bender

6. DATE OF BIRTH (month, day, year) Dec. 3, 1901

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
30	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Peter E. Klein

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Lenora (Kennstiel)

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Lenora Klein
(Address) 3619 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date June 11, 19 32

19. UNDERTAKER Geo. J. Roth Sr
(Address) 1 E. Lan. Ave. Funeral Home

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 10 . 1932 to June 8 - 1932

I last saw h.. alive on June 7 . 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis B	2 Mos
La Grippe a	

Other contributory causes of importance:

General Exhaustion a
Pernicious Pulmonary

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest D. Brown, M. D.

(Address) 1255 Bolton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 6 1932

Spec—D 30—A. & Co.—250 Bks.

E 80457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80457

CERTIFICATE OF DEATH

84-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 15-63 Ward)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary F. Cordle

(a) RESIDENCE No. 3807 Pinehurst Ave; Baltimore, St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Cordle Jr.

6 DATE OF BIRTH (month, day, and year) Aug. 14, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Geo. Spreckelmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Katherine Spreckelmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Wm. J. Cordle Jr. (Address) 3807 Pinehurst Ave.

15 Filed June 9, 1932, 19 Huntington Williams, R. D. Registrar (Deputy)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 7th, 1932, to June 8th, 1932

that I last saw h[illegible] alive on June 8th, 1932

and that death occurred, on the date stated above, at 11.00 A. M.

The CAUSE OF DEATH* was as follows:

Acute mastoiditis, Lt. with diffuse meningitis,

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of June 7th/32

Was there an autopsy? Yes - Mastoid - Lat.

What test confirmed diagnosis? Hist. Physical Operation Autopsy

(Signed) J. Searle Hewitt M. D.

(Address) The Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 6/11 1932

20 UNDERTAKER C. Vernon Lemmon

ADDRESS 4611 Pk. 664 Fo

UNDERTAKER'S LICENSE

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 80458 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80458

CERTIFICATE OF DEATH

Registered No. 122

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Elmer Ludwig

(a) Residence: No. 1621 Aisquith St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 13, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lucian Ludwig

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Agnes Ward

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Son - Elmer Jr.

(Address) 1621 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 6/10, 1932

19. UNDERTAKER Herman Lemmon.

(Address) 4611 Philadelphia Ave Huntington Park Millersville Md.

Registrar.

JUN 9 1932 FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1932, to 6-7, 1932

I last saw h[illegible] alive on 6-7, 1932. Death is said to have occurred on the date stated above, at 11:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Excoriated Hernia	
of Aneurism (Umbilical)	2 wks?
Other contributory causes of importance:	
Asthenia (Total) Cachexia	?
of Liver	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Byrne, M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80459

CERTIFICATE OF DEATH

80459 E 80459

Registered No. 12-1982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Griffiss St.) (12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Williamson

(a) Residence: No. 1915 Griffiss St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Andrew Williamson

6. DATE OF BIRTH (month, day, year) 2, 2, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank M. Williamson

(Address) 1915 Griffiss Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 11th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19..... C. C. H. Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/5/ 1932 to 6/8/ 1932

I last saw h-- alive on 6/8/32 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis	1
Other contributory causes of importance:	
Cerebral Apoplexy	3 hrs

Name of operation Left Hydrocele Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Kemp M. D.

(Address) 910 W. Lombard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NS-1032

M. D. B. 1268-9

E 80460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80460

CERTIFICATE OF DEATH

82-861

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Barclay St. 17-14 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Hurley

(a) Residence: No. 1612 Barclay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hurley

6. DATE OF BIRTH (month, day, year) Jan 6 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Patrick Hurley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lena Conlon
(Address) 1612 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorrains Date 6/11 1932

19. UNDERTAKER Wm Cook
(Address) 1219 E Fort Ave

20. FILED JUN 9 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to June 8 1932

I last saw her alive on June 8 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age - Arteriosclerosis Apoplexy	June 8 1932
Other contributory causes of importance: Hemiplegia (right side)	June 8 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reginald J. Conn M. D.

(Address) 0414 E. Fort Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30461 E 30461

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1109 N Monroe St. (Ward) 18

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen M. Jamison

(a) Residence: No. 1109 N. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Jamison

6. DATE OF BIRTH (month, day, year) June 6 1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Adam Ferguson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Ellen Campbell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Bessie Kaye
(Address) 1109 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 11 1932

19. UNDERTAKER Jno E Cole
(Address) 1217 E Fayette St

20. FILED JUN 8 1932 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to June 9, 1932
I last saw her alive on June 8, 1932 death is said to have occurred on the date stated above, at 12.24 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Thomas Nelson, M. D.
(Address) 1001 N Fulton Ave

WRITE PLAINLY, with ink or indelible pencil. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 E 80462

80462

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1614 N Monroe St 15-21 Ward)
Length of residence in city or town where death occurred, yrs. ..... mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Matthew White Jr
(a) Residence: No. 1614 N Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. If Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adele G White
6. DATE OF BIRTH (month, day, year): Jan 3, 1864
7. AGE: Years 68 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Advertising
10. Date deceased last worked at this occupation (month, day, year): June 1, 1932
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Matthew White
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Sarah Patterson
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Adele White
(Address) 1614 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: 6/10 1932
Wm Cook & Co

19. UNDERTAKER
(Address) 1714 Gaul St. Baltimore Md
Registered Embalmer

20. FILED JUN 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 7, 1932
I last saw him alive on June 7, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	June 2 1932
6 days	
Other contributory causes of importance:	
Cerebral Hemorrhage	
Several years	

Name of operation ..... Date of ..... No
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M Bayley M. D.
(Address) 2805-N. Calvert St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80463

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80463

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-50 (Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d

2. FULL NAME Robert Patterson

(a) Residence: No. 3114 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ????? 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Clayton Patterson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mary P. Yancy 3114 Barclay St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date June 10 . 1932

19. UNDERTAKER Chas. H. Johnson & Co

(Address) 416 N. Carrollton Ave

20. FILED JUN 10 1932 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7/32 . 19

22. I HEREBY CERTIFY, That I attended deceased fro

. 19 . to . 19

I last saw h alive on . 19 Death is as

to have occurred on the date stated above, at 9.50 A. M.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis
Hypertension
Acute Retinitis

Date of ons

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in publ

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) John Cain Coroner . M.

(Address) 501 E. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80466

E 80464

Spec... Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Baltimore Eye Ear and Throat Hospital

2-FULL NAME Mr. Nickolas Katsarcs (also known as Nichitas Nicholas Katsaras)

(a) RESIDENCE. No. 4605 Eastern Ave ST.

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

WARD 17, 1932.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Mary L. Small M.D.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work "Broom sweeper"

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Simi, Greece.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Simi, Greece

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Simi, Greece

14 Informant Elias Marcomihalias

(Address) 1204 W. Baltimore St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to June 9, 1932

that I last saw h(m) alive on June 9, 1932,

and that death occurred, on the date stated above, at 6:40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Larynx

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) broncho pneumonia

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 26, 1932

Was there an autopsy? no

What test confirmed diagnosis? biopsy of laryngeal growth

(Signed) M. L. Smalle, M. D.

6-9-1932 (Address) 18 W. Read St, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 6/11/32

20 UNDERTAKER George J. Pugh & Co.

ADDRESS 1535 Hanover St

JUN 10 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80465 HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 80465

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 22-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola Phillips

(a) Residence: No. 606 Comb Alley St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Phillips

6. DATE OF BIRTH (month, day, year) Sept. 10, 1902 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Hall

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Frances Mason

16. BIRTHPLACE (city or town) (State or country) ? Del.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Date June 10, 1932

19. UNDERTAKER Weller & Spriggs
(Address) 1329 W. Lanvale St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to June 8, 1932

I last saw her alive on June 8, 1932. Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (Left Lower)	5-1-32

Other contributory causes of importance:

Secondary Hemorrhage	2 hrs.

Name of operation Thoracotomy Date of June 7, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Luther E. Leitz, M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80466 — 26 1012 — 23 E 80466

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leo Howell

(a) Residence: No. 1537 Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18th 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	10 9	10 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Howell
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ida Robinson
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. 6/10 1932

19. UNDERTAKER Samuel J. Feeney
(Address) 578 N. Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16th 1932 to June 8 1932
I last saw him alive on June 8 1932. Death is said to have occurred on the date stated above, at 4 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	March 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. M. Buckett Jr. M. D.

(Address) Johns Hopkins Hosp.

E

INSTRUCTIONS: Information required, with the EXCEPTION OF ITEMS 21, 22, 23 AND 24, must be obtained from RELATIVES. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

30467

HEALTH DEPARTMENT—CITY OF BALTIMORE

30467

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital St. 24 Ward 23)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry R. Irwin

(a) Residence: No. 1116 Williams St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mercedes Nelson

6. DATE OF BIRTH (month, day, year) March 16, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagaster Marble Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Harry F Irwin

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret Ivis

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Mercedes Irwin

(Address) 1116 Williams St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 11-32

19. UNDERTAKER Margaret E. Flynn

(Address) 1220 Light St.

20. FILED June 10 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 to 19

I last saw h alive on May 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following comp. fracture of tibia & fibula (right)	6/5/32
Automobile accident	6/5/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/5 1932

Where did injury occur? Pennington Ave & Hanley Park Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury auto in which he was riding struck a telegraph pole

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Young M. D.

Coroner

(Address) 2200 E Monument St

Information should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30468

E 30468

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 2-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Cecelia Mackowick

(a) Residence: No. 237 S. Castle st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 28, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ignatius Mackowick

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Romecka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 11, 1932

19. UNDERTAKER F. H. Gaskuski
(Address) 1930 Eastern Ave.

20. FILED JUN 10 1932 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 12 1932 to June 8 1932

I last saw her alive on June 8 1932 Death is said to have occurred on the date stated above, at 9.45 m p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	8 mos
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signed Lawrence B. Sara, M. D.
(Address) Baltimore City Hospitals

Director

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80469

E 80469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50V

Registered No. 12-50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Guilford Avenue St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora M. Thompson

(a) Residence: No. 2814 Guilford Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Richard Thompson Jr.

6. DATE OF BIRTH (month, day, year) March 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert M. Wherrett

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Joanna Lacy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Capt. J. R. Thompson Jr.

(Address) 2814 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 6/11 1932

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert Street

20. FILED JUN 13 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1931 to June 9 - 1932

I last saw h[illegible] alive on June 8 - 1932 Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

Malignant dis of Mamma — Date of onset

Aug - 1931 -

Other contributory causes of importance:

General Metastasis -

Name of operation Radical Mast Op. Date of Sept

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank A Bruce M. D.

(Address) 125 S Broadway

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 80470

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80470

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. School for Blind (St.) (Ward) 50

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Chas H Bochau (Charles Henry BOCHAU)

(a) RESIDENCE NO. 304 E. north ave (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 49 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of E. Beatrice Hahn Bochau

6 DATE OF BIRTH (month, day, and year) July 17 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	15 one	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Musician & Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Instructor
(c) Name of employer Peabody Institute

9 BIRTHPLACE (City or town) (State or country) Holstein Germany

PARENTS

10 NAME OF FATHER Theodor Bochau
11 BIRTHPLACE OF FATHER (City or town) (State or country) Holstein Germany
12 MAIDEN NAME OF MOTHER Amalia Isenbruch
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Holstein Germany

14 Informant Mrs Beatrice Bochau (wife)
(Address) 304 E. North Ave

15 Filed JUN 10 1932 19 Huntington Willis Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1909, to June 8, 1932
that I last saw him alive on June 8, 1932
and that death occurred, on the date stated above, at 8:15 P. m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(duration) 15 minutes yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis, hypertension
(duration) 16 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination
(Signed) Jos A Luetscher M. D.
6/8/1932 (Address) 1212 Eager St — Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 6/11/1932

20 UNDERTAKER Stewart H Combs — ADDRESS Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 80471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80471

CERTIFICATE OF DEATH

97

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James M King

(a) RESIDENCE NO. 2506 Manchester Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah J. King

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER King

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Harry C. King

(Address) 2816 Monument St.

15 Filed JUN 10 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-9-32

17 I HEREBY CERTIFY, That I attended deceased from 5-25, 1932, to 6-9, 1932,

that I last saw him alive on 6-9, 1932

and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Ca. Centrum cerebri

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert F. Chenault, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown Md. — DATE OF BURIAL June 11 1932

20 UNDERTAKER Wm. C. Miller & Son — ADDRESS 2334 Jefferson St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80472

E 80472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

932003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 36-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie West

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 4, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Ky.

FATHER

13. NAME George ?

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Jane Rebecca ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1928 to June 7, 1932

I last saw her alive on June 7, 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Deg., chr.	Jan 1931
Arteriosclerosis & hypertension	"

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Jas. Thwaites Jr. M. D.
City Hosp.
(Address)

N. B.—WRITE PLAINLY, WITH PEN AND INK. THIS IS A PERMANENT RECORD. ONLY ONE letter or figure should be placed in each space. PHYSICIANS should give full information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80473

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp St., [illegible] Ward) 26

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Bosley

(a) Residence: No. 104 Addison St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary

6. DATE OF BIRTH (month, day, year) Sept, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
58	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME James Bosley

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary E. Bosley (Address) 104 Addison St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 3 1932

19. UNDERTAKER [illegible] (Address) 1332 Bolton St

20. FILED JUN 1 1932 [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1932 to 6-10, 1932

I last saw h[illegible] alive on 6-10 1932 death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Seizure	2
Hypertension	7
Chronic Nephritis	
Cerebral Hemorrhage	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) South Baltimore Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80474

CERTIFICATE OF DEATH

180

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S Port ST. 1-2 WARD)

2-FULL NAME John Niemczyk

(a) RESIDENCE NO 512 S. Port Street ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Salomea Niemczyk

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gold Dust Corp.,

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Niemczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marcelanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Salomea Niemczyk

(Address) 512 S. Port Street

15 Filed JUN 10 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns

2nd degree

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 512 S Port St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. J. Neuzgmd, M. D. Coroner

6/10, 1932 (Address) Boss Hillcrest Turbine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery DATE OF BURIAL June 11 1932

20 UNDERTAKER George A. Weber ADDRESS 705 S. Ann St

AACo. 5-31 250M

E 80475 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80475

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Huntingdon St., Ward) 19-5

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James B Boone

(a) Residence: No. 2619 Huntingdon St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Mary A. Boone

6. DATE OF BIRTH (month, day, year) Aug-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Sergt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Boone

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Alvis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary A Boone

(Address) 2619 Huntingdon St

18. BURIAL, CREMATION, OR REMOVAL Balto County Date June 11, 1932

19. UNDERTAKER R. S. Marshall

(Address) 3539 Falls Road

20. FILED JUN 10 1932 Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to June 9, 1932

I last saw h.i.m. alive on June 9, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite
Other contributory causes of importance:	
Myocardial Insufficiency	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J M Nelson, M. D.

(Address) 848 W 36th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80476

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8-17 Ward)

2-FULL NAME Mary A Wagner

1a) RESIDENCE NO 1704 N Washington St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W Wagner

6 DATE OF BIRTH (month, day, and year) Aug 26 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	64	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas A Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edith Dieterich

(Address) 1704 N Washington

15 Filed ..... 192 ..... Registrar

JUN 10 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fract of L Femur accidental fall at home

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1704 N Wash St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dr Herzog M D, M. D. Coroner

6/10, 1932 (Address) 1305 N Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL June 11 1932

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans St

Director

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80477

CERTIFICATE OF DEATH

V 159 E 80477

1. PLACE OF DEATH Mercy Hosp. Registered No. 27744
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline) St. (or Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Jacob

(a) Residence: No. 3317 Rosekemp Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/10/12

7. AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

FATHER

13. NAME George F. Jacob

14. BIRTHPLACE (city or town) Balto Md.
(State or country)

MOTHER

15. MAIDEN NAME Hilda Mathmann

16. BIRTHPLACE (city or town) Balto. Maryland
(State or country)

17. INFORMANT George F. Jacob
(Address) 3317 Rosekemp ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bals Cem Date June 11, 1932

19. UNDERTAKER Mc Mus John M. Teufel & Son
(Address) 501 N. Fayette St.

20. FILED JUN 10 1932 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) 6 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 10 1932, to 6 10 1932

I last saw h[illegible] alive on 6 [illegible] 32 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman A Voigt, M. D.

(Address) 5106 Harford Rd.

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80478 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 116 E 80478

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1946 W Lexington 10-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Howard J. Hurtle.

(a) Residence: No. 1946 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lelia Hunn Hurtle

6. DATE OF BIRTH (month, day, year) July 3 1883.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B C + A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward B. Hurtle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sue Boagni

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mrs. Lelia Hurtle

(Address) 1946 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Md Date June 11 1932

19. UNDERTAKER John O. Mitchell & Son

(Address) 1901 Eastern Ave

20. FILED JUN 10 1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15 1932 to June 9 1932

I last saw him alive on June 9 1932 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas & gall bladder	Jan 32

Other contributory causes of importance:

Name of operation Laparotomy Date of Apr 32

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Todd M. D.

(Address) 735 N. Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 80479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80479

V 115-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-50 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos ds

2. FULL NAME Mrs. Lee Bren Cohen

(a) Residence: No. 4 East 30th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

5a. If married, widowed, or divorced
HUSBAND (or) WIFE Lee Abraham Cohen

6. DATE OF BIRTH (month, day, year) 1-19-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

MOTHER FATHER

13. NAME Robert R. Brey

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Adelaide Rosenfeld

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ahel Shalom Date June 12, 1932

19. UNDERTAKER Harid Sondheim & Son
(Address) 1901 Eutaw Place

20. JUN 10 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-21-32, 19..., to 6-10-, 1932

I last saw her alive on 6-10-, 1932 death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	5-4-32
Portal of entry - tonsils	
Other contributory causes of importance:	
Suppurative parotitis (Rt.)	6-2-32

Name of operation Incision + drainage of parotid (Rt.) Date of 6-7-32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan M. D.

(Address) Union Mem. Hosp.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80480

CERTIFICATE OF DEATH

E 80480

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Preston Apts St. 11-19 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 76 yrs. 7 mos. 28 ds.

2. FULL NAME Helena Thomson Nelson

(a) Residence: No. Preston Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edwin D. Nelson

6. DATE OF BIRTH (month, day, year) Aug 13 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Dec 31

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

FATHER

13. NAME William Thomson

14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

MOTHER

15. MAIDEN NAME Emma L.

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT Mr. Edw. N. Passano (son-in-law)
(Address) 1311 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington Del Date June 3/ 1932

19. UNDERTAKER Newton Memorial
(Address) Baltimore

20. Filed JUN 1 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1931 to June 10th 1932

I last saw her alive on June 10th 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (1 day)	June 9/32
Other contributory causes of importance: Angina Pectoris	Dec 1931

Name of operation no Date of —

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. A. Shatard M. D.

(Address) 1300 N. Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1269-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

80481

CERTIFICATE OF DEATH

V82 E 80481

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1113 N. Parrish 16-32 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Calayman

(a) Residence: No. 1113 N. Parrish Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O & D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A A Co Md

FATHER

13. NAME: Paul Calayman

14. BIRTHPLACE (city or town) (State or country): A A Co Md

MOTHER

15. MAIDEN NAME: Mary Wilson

16. BIRTHPLACE (city or town) (State or country): A. A. Co. Md

17. INFORMANT: Lora Henry

(Address) 1128 N. Carey

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: June 10, 1932

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Prestman St

JUN 10 1932

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Luitz Coroner, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80482

CERTIFICATE OF DEATH

E 80482

Dr Frabord 1219 Eastern Ave Tel 2093

93-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Riggs Ave St. 16-67 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Streit

(a) Residence: No. 2931 Riggs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Streit

6. DATE OF BIRTH (month, day, year) Oct 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Susanna Hall

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Daniel Streit

(Address) 116 Sargent St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6-11 1932

19. UNDERTAKER Wm J Cole

(Address) 1419 E Lombard St

20. FILED 6-11 1932 A. P. H. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932 to June 8 1932

I last saw her alive on June 8 1932 Death is said to have occurred on the date stated above, at 9 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
Dilatation of Heart	

Other **contributory causes** of importance:

General Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John L Frabord M. D.

(Address) 1219 Eastern Ave

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 161932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80483 E

CERTIFICATE OF DEATH

E 80483

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Sargeant St. 21-29 Ward)

Registered No. 117-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Reynolds

(a) Residence: No. 325 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. L. Reynolds

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Edna Rhodes

(Address) 1305 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 11, 1932

19. UNDERTAKER William Cole

(Address) 217 St. Paul St.

20. FILED JUN 10 1932 Hartie M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 32 to June 9, 32

I last saw her alive on June 9, 1932 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	6/8/32
Other contributory causes of importance: probably Ptomaine Poisoning	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sigfund Drain M. D.

(Address) 1305 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80484 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 80484

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 16 1932

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Kennedy Ave St. 9-15 Ward)

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Priscilla E Arthur

(a) Residence: No. 1912 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Arthur

6. DATE OF BIRTH (month, day, year) July 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME William Asbury Guyton

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Cecilia Sharman

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Frank Arthur
(Address) 1912 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 11, 1932

19. UNDERTAKER H. M. Cook
(Address) 1121 Pennsylvania Ave

20. FILED Huntington Williams N.P. Registrar.
R.P.H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1928 to June 8, 1932

I last saw her alive on June 8, 1932. Death is said to have occurred on the date stated above, at 12.40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson's Disease Duration about 22 years.	

Other contributory causes of importance:

Myocarditis. Cardiac decompensation.

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. H. Guyton, M. D.

(Address) 32 South St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80485

CERTIFICATE OF DEATH

E 80485

REGISTERED NO. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Huntingdon Ave ST., 17 WARD)

2—FULL NAME Katie Byron.

(a) RESIDENCE NO. 2911 Huntingdon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delbert Byron.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER John Connolly.

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Grant

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Delbert Byron.
(Address) 2911 Huntingdon Ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 31st, 19 32 to June 9, 19 32

that I last saw h alive on June 8/32, 19

and that death occurred, on the date stated above, at 1.25 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. S. Timm M. D.

19 (Address) 6111 Wabash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 11, 1932

20 UNDERTAKER Chenoweth & Son — ADDRESS 3615 Chestnut Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

JUN 10 1932

Spec.—2-29-28—L. F. S.—500 Bks.

E 80486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 80486

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 852 W 34th St. ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas B. Zepp.

(a) RESIDENCE NO. 852 W 34th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Zepp.

6 DATE OF BIRTH (month, day, and year) March 4, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	51	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) O & O

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John T. Zepp.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Waye.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant James A. Zepp.
(Address) 852 W 34th St.

15 Filed JUN 10 1932 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1932.

17 I HEREBY CERTIFY That I attended deceased from March 1, 1932, to June 9, 1932, that I last saw h. alive on June 7, 1932 and that death occurred, on the date stated above, at 11.25 a. m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsion

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? clinical

(Signed) Thos F Kelly, M. D.

6/10/32 (Address) 60 Bidwell St Rear

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge. DATE OF BURIAL June 13, 1932

20 UNDERTAKER Thomas Abbott ADDRESS 3615 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

80487

HEALTH DEPARTMENT—CITY OF BALTIMORE

80487 E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred I: Campbell

(a) Residence: No. Perryville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wanda Campbell

6. DATE OF BIRTH (month, day, year) Sep 5/1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryville, Md.

FATHER

13. NAME Jacob Campbell

14. BIRTHPLACE (city or town) (State or country) Northeast, Md.

MOTHER

15. MAIDEN NAME Margaret Lynch

16. BIRTHPLACE (city or town) (State or country) Northeast, Md.

17. INFORMANT Ida Gilpin, (Daughter)
(Address) 101 St. Johns Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Perryville, Md Date June 14, 1932

19. UNDERTAKER Lee A. Patterson.
(Address) Perryville, Md.

20. FILED JUN 14 1932 Huntington Avenue, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at about 10.10 m. P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency (History of "heart attacks")

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Taken sick on duty.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 11 1932

M. D. H. 1268-9

E 80488 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164 E 80488

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Chester St. 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fuchs

(a) Residence: No. 10 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa Fuchs

6. DATE OF BIRTH (month, day, year) March 30/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagonbody Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 601

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosa Fuchs

(Address) 10 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 11, 32

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. Filed JUN 11 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at about 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of Injury ..., 19 ...

Where did injury occur? 10 N. Chester St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Wall Bracket turned on.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Walker, M. D.

(Address) 506 E. Monument Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80489 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80489

CERTIFICATE OF DEATH

157-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 4-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Welborne

(a) Residence: No. 556 Roberts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Welborne

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Viola Nickens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Welborne

(Address) 556 Roberts St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/11/32

19. UNDERTAKER Geo. A. Collard

(Address) 421 Druid Hill ave

20. FILED JUN 1 1932 Huntington Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9/32

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Advanced Rickets	
Hydrocephaleus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John Fagan M. D.

Coroner

(Address) 608 E. Fort ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80490

E 80490

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3810 Dalrymple Ave) Ward 15-65

2-FULL NAME Emma L Boarman

(a) RESIDENCE NO. 3810 Dalrymple Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J Walter Boarman

6 DATE OF BIRTH (month, day, and year): July 6 1857

7 AGE: Years 74 | Months 11 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Conrad Ritting

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant (Address): J Walter Boarman 3810 Dalrymple Ave

15 Filed ..... 19 ..... Registrar

JUN 11 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 7th 1932, to June 9th 1932,

that I last saw her alive on June 9th 1932,

and that death occurred, on the date stated above, at 6:00 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. K. Keiser, M. D.

6/9, 1932 Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Date of Burial June 11 1932

20 UNDERTAKER: W J Tschan & Son ADDRESS Walbrook

Director

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80491 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 80491

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Linwood Ave St., 741 Ward)

Length of residence in city or town where death occurred about 60 yrs. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Charles Wimmer

(a) Residence: No. 510 N. Linwood Ave St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of anna Wimmer

6. DATE OF BIRTH (month, day, year) Oct. 18 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Wimmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Wimmer
(Address) 510 N. Eutaw ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 13 1932

19. UNDERTAKER Lilly J. Zeiler Inc.
(Address) 403 N. Wolfe St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5 1932 to June 9 1932

I last saw him alive on June 9 19 ... Death is said to have occurred on the date stated above, at 8 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hart Cardiac Paralysis	June 9/32
Other contributory causes of importance:	
Hypertension	?

Name of operation ... Date of ...

What test confirmed diagnosis? Phy Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C V Mayo M. D.

(Address) 1520 E. 5 Ave L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80492 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80492

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 76-1 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 24 yrs. ... mos. ... ds.

2. FULL NAME Joe Holwein

(a) Residence: No. 1116 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ? (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date June 11, 1932

19. UNDERTAKER George W. Zinkler (Address) 737 E. Eager St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to June 9, 1932

I last saw him alive on June 9, 1932. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis cerebral — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80493 HEALTH DEPARTMENT—CITY OF BALTIMORE 80493

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 N. Collington Ave 8-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry H. Loos

(a) Residence: No. 1415 N. Collington Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence A. Loos

6. DATE OF BIRTH (month, day, year): Jan. 9 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Emil Loos

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Florence A. Loos 1415 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cem. Date June 10 1932

19. UNDERTAKER (Address): George W. Zirkler 1737 E. Eager St

20. FILED JUN 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to June 10 1932

I last saw him alive on June 6 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929
DS Tuberculosis Pulmonalis.	
Tuberculous Enteritis.	
Other contributory causes of importance: Myocard. Insufficiency	5 days
Pulmonary Edema.	

Name of operation: None Date of: No

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Loos M. D.

(Address) 1516 N. Milton Ave.

M. D. B. 1268-9

E 80494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80494

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Harview Ave St. 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Marie L. Sheats

(a) Residence: No. 3104 Harview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irwin B. Sheats

6. DATE OF BIRTH (month, day, year) Sept. 2 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Eberwein

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marcie Hamilton

16. BIRTHPLACE (city or town) (State or country) Cheatertown, Md.

17. INFORMANT Mercie Eberwein
(Address) 3104 Harview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date June 14. 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED JUN 11 1932 Huntington Williams M.D. Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. ....., 19 32 to June 10 ....., 19 32

I last saw her alive on 6/10, 19 32. Death is said to have occurred on the date stated above, at 1.35 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify.....

(Signed) Hyland W. Zebley M. D.

(Address) 2103 Stanford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 16 E 80495

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 McElderry St. 10-14 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannie D. Simmons

(a) Residence: No. 1220 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Simmons

6. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ofc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME James Stanley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Nella Phillips

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Nella Stanley

(Address) 1220 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 6 11 1932

19. UNDERTAKER Byron & Hamill Wright

(Address) 1218 McElderry St

20. FILED JUN 11 1932 Huntington Wayne [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to June 8, 1932

I last saw h. alive on June 7, 1932 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia (Hypo-static)	June 6 1932
Other contributory causes of importance: Myelitis (Pathology unknown) with Paralysis of lower extremities Acute Nephritis	Jan 1932

Name of operation None Date of —

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

AdCo. 5-31 250B

E 80496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80496

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Eutaw Place St. 14-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Stewart

(a) Residence: No. 1600 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME James L. Stewart

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Annie Keerle

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Clara M. Stewart
(Address) 1600 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 11, 1932

19. UNDERTAKER George J. Smith
(Address) 1532 Walbrook

20. Filed JUN 11 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6. 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to June 9 1932
I last saw her alive on June 9 1932 death in said
to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	6/7/32

Other contributory causes of importance:

Chronic endocarditis

Name of operation None Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Culbertson M. D.
(Address) 1901 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 30497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30497

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Caton & Stiles St. Ward) 37-43

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bastling

(a) Residence: No. 2705 Evergreen Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Last		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gilleiss

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Blanche

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Blanche Bastling

(Address) 2705 Evergreen

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date 6/6/ 1932

19. UNDERTAKER Leonard J. Koch

(Address) 2205 Harford Av.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to June 11, 1932

I last saw her alive on June 11, 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7 mos	6-11-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hyman S. Anderson, M. D.

(Address) St Agnes Hospital.

P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 30498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80498

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 9-47-51

CITY OF BALTIMORE: (No. ..... St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Marshall

(a) Residence: No. 612 Wyanoke Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49?	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William J. Marshall

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Pierce

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Bolton Cem. Date June 13 19 32

19. UNDERTAKER (Address) H. H. McKay Sons 113 N. Mt. Royal Ave

... 19 ... Registrar.

JUN 11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to June 10, 1932

I last saw him alive on June 10, 1932 Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	[illegible]
Nephritis chr.	[illegible]

Other contributory causes of importance:

Chronic Pyelitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 R—50L

E 80499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80499

CERTIFICATE OF DEATH

186-001

REGISTERED NO. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St.) (WARD)

2-FULL NAME Sarah Catherine Triplett.

(a) RESIDENCE NO. 1806 Warwick Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Ecward J. Triplett.

6 DATE OF BIRTH (month, day, and year) August 12. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER William H. Dean.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary A. ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mary A. Hartmen. (daughter)

(Address) Rockdale, Md.

15 Filed JUN 11 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

Fracture of the skull.

Accidental fall down stairs. after

C. C. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1806 Warwick Ave. June 9, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Weinhardt, M. D. Coroner

6/11/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemt

DATE OF BURIAL: June 13 1932

UNDERTAKER: Putnam & Co

ADDRESS: 222 E. Charles

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80500

CERTIFICATE OF DEATH.

V 160 E 80500

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital ST. 25 WARD)

2-FULL NAME Infant of Irene Stewart

(a) RESIDENCE NO. Gaither, md. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6 - 10 - 32

7 AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work attendant at

(b) General nature of industry, business, or establishment in which employed (or employer) Gynecol

(c) Name of employer State Hospital

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER [illegible] Gregg

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Irene Stewart

13 BIRTHPLACE OF MOTHER (city or town) ..
(State or country) Md.

14 Informant a. J. Comey
(Address) Vol. Hosp.

15 Filed 1932 : 19 Huntington Williams, MD
6934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 10 1932

17 I HEREBY CERTIFY, That I attended deceased from 6 - 10, 1932, to 6 - 10, 1932

that I last saw h[illegible] alive on 6 - 10, 1932

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor with use of high forceps.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? .....

(Signed) a. J. Comey, M. D.

, 19 (Address) Volunteer Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	June 11 19 32
20 UNDERTAKER [illegible] Commissioner of Health.	ADDRESS

M. D. B. 1268-9

E 80501 HEALTH DEPARTMENT—CITY OF BALTIMORE

2594418

CERTIFICATE OF DEATH

E 80501

32-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Florine Upshaw

(a) Residence: No. 2831 Reese St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-14-31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md
(State or country)

MOTHER

13. NAME Chas Upshaw

14. BIRTHPLACE (city or town) Ford
(State or country)

15. MAIDEN NAME Ella Pride

16. BIRTHPLACE (city or town) S Car.
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date June 11, 1932

19. UNDERTAKER Mr R A Elliott
(Address) 1225 Ashland Ave

20. FILED ..... 19..... .....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to June 8, 1932

I last saw her alive on June 8, 1932 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	May 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80502 — 92-D 80502

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105-N. 20 St., 12 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisenna Blanks

(a) Residence: No. 105-N-20 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Blanks

6. DATE OF BIRTH (month, day, year) [illegible] 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME [illegible]

MOTHER

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT James Blanks
(Address) 105 W. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19 32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], to [illegible], 19 [illegible]. I last saw h alive on [illegible], 19 [illegible]. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Malignant Disease of Breast

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 2032 Orland

M. D. B. 1268-9

E 80503 HEALTH DEPARTMENT—CITY OF BALTIMORE

1274 E 80503

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Linden Ave St., 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth 67 yrs. 6 mos. 1 ds.

2. FULL NAME Laura Jane Owens

(a) Residence: No. 1314 Linden Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 10 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

13. NAME James Owens

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

MOTHER

15. MAIDEN NAME Ethel A. Hiss

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md

17. INFORMANT Herbert R. Dotson

(Address) 2266 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 13 1932

19. UNDERTAKER Edward H. Arnold

(Address) Huntington Indiana

19. FILED JUN 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 2 1932, to June 10th 1932

I last saw her alive on June 10th 1932. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver,	Probably January 1932

(Other contributory causes of importance:)

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 13 1932

AdCo. 5-31 250B

Meyer Ruthenberg

E 80504 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80504

CERTIFICATE OF DEATH

15V

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? 23 yrs. ..... mos. ..... ds.

2. FULL NAME Meyer Ruthenberg

(a) Residence: No. 1411 N. Monroe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If unmarried, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Ruthenberg

6. DATE OF BIRTH (month, day, year) June 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer
10. Date deceased last worked at this occupation (month and year) 5/20/32
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chaim Ruthenberg
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta Leah
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Meyer Ruthenberg
(Address) 1411 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cyrus Date 6/12 19 32

19. UNDERTAKER Sol Levinson & Bro
(Address) 1129 E Balto St

20. FILED JUN 12 1932 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/10/32, 19..., to 6/11/32, 19...

I last saw h[illegible] alive on 6/11/32, 19... death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Axillary Abscess	6/3/32
Other contributory causes of importance:	
Erysipelas	6/7/32

Name of operation Incision & drainage Date of 6/3/32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80505 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80505

CERTIFICATE OF DEATH

#6 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Kenwood Ave. Ward) 26-42

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Misikofski

(a) Residence: No. 4213 Kenwood Ave. Rasseburg Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Misikofski

6. DATE OF BIRTH (month, day, year) Dec. 26, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Bunk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Strehn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha Misikofski
(Address) 4213 Kenwood Ave Raspeburg

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Luthern Cem. Date 6/12/32

19. UNDERTAKER George J. Pattie Sr.
(Address) 1731 Harford Ave

20. FILED JUN 12 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 32

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 to June 10 32

I last saw her alive on June 10 32 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Stomach)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis Krause, M. D.

(Address) Med. Arts Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80506 2614

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Messina

(a) Residence: No. 516 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Messina

6. DATE OF BIRTH (month, day, year) 10/1/90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Vendor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 043

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St Vincents Date 6/14/32 19

19. UNDERTAKER Geo. J. Roth & Son (Address) 921 N. Gilmor St.

20. FILED JUN 12 1932 Harry W. Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932 to June 11, 1932

I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, Right; Wound	5-17-32
Left nephrectomy	7-7-23
Ureterolithotomy	7-12-30
Ureterolithotomy	8-22-30

Other contributory causes of importance:

Name of operation None at present admission Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Wilbur L. Sprong, M. D.

(Address)

AaCo. 5-31 2508

E 80507 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80507

CERTIFICATE OF DEATH 11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #905 W. Lombard St.) (18-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lean Conway

(a) Residence: No. #905 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) June 7th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Richard Jos. Conway

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary A. Peacock.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Richard Jos Conway
(Address) 905 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6-13-1932

19. UNDERTAKER John F. Godwin & Son
(Address) 901 Eastern Ave.

20. FILED JUN 12 1932 Huntington Ave. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/1932

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1932, to 6/10, 1932

I last saw he alive on 6/10, 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio-Pneumonia	6/8/32
Other contributory causes of importance:	
Acute Tonsilitis	6/5/32

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

M. D. B. 1268-9

Frank Harris

80508 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80508

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Jefferson St. 6-9 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Harris

(a) Residence: No. 1533 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Retta Harris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jew Harris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dugs —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Retta Harris
(Address) 1533 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Place Wartman Circle Date 6-12- 1932

19. UNDERTAKER Jack Lewis Inc
(Address) 1731 E. Lafayette Ave

20. FILED JUN 17 1932 Huntington Avenue Station, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-32 19

22. I HEREBY CERTIFY, That I attended deceased from June-11- 1932 to June-12- 1932

I last saw h... alive on June-12- 1932 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6/11/32
Other contributory causes of importance:	
Hypertensive arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

M. D. R. 1268-9

E 80509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80509

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Goodman

(a) Residence: No. 706 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Del.

FATHER

13. NAME Abraham Goodman

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Theresa ?????

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Abraham Goodman
(Address) Princess Anne, Co., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Retro Township Date 6/12 19 32

19. UNDERTAKER Faith Funeral Home
(Address) 1437 E. Baltimore St.

20. FILED JUN 12 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19

I last saw h... alive on ... 19 Death is said to have occurred on the date stated above, at 2.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mercury Poisoning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 6/4/32 19

Where did injury occur? at her residence.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E. Fayette

AdCo. 5-31 250B

E 80510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80510

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Hilldale ave St., 15-58 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Glassman

(a) Residence: No. 2807 Hilldale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Henie

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hessie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sinor Glassman
(Address) 2456 Reisterstown ave

18. BURIAL, CREMATION, OR REMOVAL Interment Rosedale Date 6-12-32 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore st

20. FILED ....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from September, 1931, to June 10, 1932
I last saw h.. alive on June 10, 1932, death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931
Other contributory causes of importance:	

Name of operation Gastro enterostomy Date of October 1931

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Jenner M. D.
(Address) Medical Arts Bldg

E 80511

M. D. H. 1268-9

Samuel A. Sopher

E 80511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Sinai Hosp

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 15-58 Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... ds.

2. FULL NAME Samuel A. Sopher

(a) Residence: No. 2639 Loyola Northway Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg 017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Thomas Sopher

(Address) 2639 Loyola Northway

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Ferncliff Date 6-12 . 1932

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St.

20. FILED JUN 12 1932 Huntingtown Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-32

22. I HEREBY CERTIFY, That I attended deceased from 6-7 . 1932 to 6-10 . 1932

I last saw him alive on 6-10 . 1932 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	appx
chr. myocarditis	
Other contributory causes of importance:	
arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Milton Wiest . M. D.

(Address) .....

14 E 80512

E 80512

(Rev.—8-9-13—H. P. Co.—1000 Blks.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 207 Augusta St. (Ward) 5-8

2-FULL NAME Mary Foxby Handy

(a) RESIDENCE. No. 207 Augusta St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Bishop James A. Handy.

6 DATE OF BIRTH (month, day, and year) March 4-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Matron Bethel Home 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. M. E. Church

9 BIRTHPLACE (city or town) (State or country) Baldwin Md W. I.

PARENTS

10 NAME OF FATHER John Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. I.

12 MAIDEN NAME OF MOTHER Matilda Pulley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

11 Informant (Address) Jane Thomas 207 Augusta St

15 Filed JUN 12 1932 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1932

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 10, 1932, that I last saw h er alive on June 9, 1932, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

6/11, 1932 (Address) 1209 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	6/13 1932
20 UNDERTAKER	ADDRESS
Samuel W. Crase & Son	638 W. Biddle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250M

E 80513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80513

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital St. 27-55 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? 75 yrs. 6 mos. 6 ds.

2. FULL NAME Ida W. Whitley

(a) Residence: No. 3513 Menlo Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Whitley.

6. DATE OF BIRTH (month, day, year) July 14 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) May 1932. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Michael Hoffman.

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER

15. MAIDEN NAME ? Kirk

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Mark Kent.
(Address) 3513 Menlo Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 13 1932

19. UNDERTAKER Harry W. Ellen
(Address) 1944 W. North Ave.

20. FILED JUN 12 1932 Huntington Williams, M.D. Registrar. Director

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to June 11, 1932

I last saw her alive on June 11, 1932 death is said to have occurred on the date stated above, at 12 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder and Liver	unknown

Other contributory causes of importance:

Name of operation Exploratory Incision Date of June 5/32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Rudolph L. Schaaf M. D.

(Address) Woman's Hospital.

M. D. B. 1268-9

✓ E 80514

B 80514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+169

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Larrimore

(a) Residence: No. Garrison, Md St., ... Ward. Ward 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: About 64; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoemaker

10. Date deceased last worked at this occupation (month and year): July 1932

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Upper Crooked Creek Va

FATHER

13. NAME: Richard H Larrimore

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Hannah Deal

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Clyde Larrimore

(Address): Stevenson Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Stone Chapel Date: 6/14 1932

19. UNDERTAKER: Wm M Cook

(Address): 1214 Park Ave

20. FILED: JUN 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932 to June 11, 1932

I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 8.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	April 32
Other contributory causes of importance: Fractured Skull	June 11
Fractured Spine	June 11

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? University Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Place

Manner of injury: Jumped from window

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos J Kelly M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1284

E 80515

261346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80515

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 12-51 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Kemp

(a) Residence: No. 319 W. 29 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 16/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Md. Industrial Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Lewis Kemp

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah A. Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Winchester Va Date June 12 1932

19. UNDERTAKER Philip Stewig

(Address) 2014 Fenton St Baltimore Md

FILED JUN 12 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26 1932 to June 11 1932

I last saw her alive on June 11, 1932. Death is said to have occurred on the date stated above, at 8:17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast — recurrent — both lung and pleural metastasis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard Kemp M. D.

(Address) Johns Hopkins Hosp

UN 12 1932

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

80516

E 80516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Jail. ST. 3-4 WARD)

2-FULL NAME Michael Selinsky.

(a) RESIDENCE NO 1619 Bank St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Mary Selinsky.

6 DATE OF BIRTH (month, day, and year) September 11, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	8	28 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Repair man.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Michael Selinsky.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mary Selinsky. (wife)

(Address) 1619 Bank St.

15 Filed JUN 12 1932 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt X, M. D. Coroner

6/11/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 13 19

20 UNDERTAKER: Wendell J. Ring — ADDRESS: Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 80517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80517

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Elm Ave St., 13 Ward) 13-52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Passmore

(a) Residence: No. 3516 Elm Ave St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Passmore

6. DATE OF BIRTH (month, day, year) Sept. 15-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Phillip Hare

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabelle Albaugh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss. Lillie Hare

(Address) 3520 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 13- 1932

19. UNDERTAKER Horace F. Burgee

(Address) 3363 Falls Road

20. FILED JUN 17 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1932, to June 10th, 1932

I last saw h[illegible] alive on June 10th 1932 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset .....

Other contributory causes of importance:

Arteriosclerosis. High blood pressure.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. A. Tillich M. D.

(Address) 3615 Falls Rd.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should be careful to answer all questions. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80518

E 80518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Price

(a) Residence: No. 1 Lewis Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co (State or country) Maryland

FATHER

13. NAME Malcolm Price

14. BIRTHPLACE (city or town) Balto Co (State or country) Md

MOTHER

15. MAIDEN NAME Laura Bell

16. BIRTHPLACE (city or town) Balto Co (State or country) Md

17. INFORMANT Mrs. Lorin Wisner

(Address) Monkton, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Prince Meeting House Date June 15, 1932

19. UNDERTAKER P. Mackelfresh Son

(Address) White Hall, Md

20. FILED JUN 17 1932, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 12 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 - 10 - 1932 to 6 - 12 - 1932

I last saw h.im alive on 6 - 12 - 1932. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-encephalitis, Exact cause unknown	3 weeks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs & Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Hambleton, M. D.

(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 80519

E 80519 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2302 Roslyn Ave ST. 15-61 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas James Clarke

(a) RESIDENCE NO. 2302 Roslyn Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Blanche Kenneth Clarke

6 DATE OF BIRTH (month, day, and year) Jan 8 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Contractor (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Quarries 086

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bellefonte Pa.

PARENTS

10 NAME OF FATHER James B Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Maria Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Chas J. Clarke Jr.

(Address) 210 Elmer Ave

15 Filed JUN 12 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 15, 19 32, to June 11, 19 32, that I last saw h alive on June 11, 19 32, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Rectum

(duration) yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) Rectal-Vesical fistula. General Peritonitis

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 22, 1932

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hebron F. Pullman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	June 14 1932
20 UNDERTAKER	ADDRESS
J F Cline & Sons	Reisterstown Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

E 80520

E 80520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph-Hosp. St., 74-33 Ward.

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary Rostka

(a) Residence: No. 1401 Battery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22-1861

7. AGE

Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
71	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Edward Grannan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Aloysia Grannan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Convent Record
(Address) 1401 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Chestnuthill Pa Date June 13 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Pulaski St. Huntington Village, N.Y.

20. FILED JUN 13 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3 1932 to June 12 1932

I last saw her alive on June 12 1932 death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident — Date of onset 20 ds.

Other contributory causes of importance:

Uraemia — 3 ds.
Terminal Bronchial Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. F. Cyrus M. D.

(Address) St. Josephs Hosp.

U. S.—WRITE PLAINLY, WITH PEN AND INK. This certificate is required by law. Every item must be given information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 80521 F. S.—100 Bks.

E 80521

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1408 Williams ST., 24-33 WARD)

2—FULL NAME Mary F. Kaltenbach

(a) RESIDENCE NO. 1408 Williams ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Kaltenbach

6 DATE OF BIRTH (month, day, and year): Nov. 1. 1851

7 AGE — Years: 80 — Months: 7 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: B. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Kerns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Florence Kaltenbach
(Address) 1408 Williams St.

15 JUN 13 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9. 1932

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 9, 1932, that I last saw h[illegible] alive on June 9, 1932, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. Fitzhugh, M. D.

6/11, 1932 (Address) 1279 Williams St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Md. — DATE OF BURIAL: June 13 1932

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. S-11 2508

E 80522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80522

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. 7-34 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Mrs Winnifred Cook

(a) Residence: No. 1717 Patapsco St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredrick W. Cooke

6. DATE OF BIRTH (month, day, year) June 25. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Anthony Nallon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McGee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Fredrick W. Cook

(Address) 1717 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 15 1932

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

Huntington Maryland

Co. [illegible] 19 Director or Registrar.

JUN 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to June 12, 1932

I last saw her alive on June 12, 1932 death is said to have occurred on the date stated above, at 8.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	
Hepatic Cerrhosis (Toxic)	?

Other contributory causes of importance:

Jaundice with Pyuria & Chronic Myocarditis	2 mos

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Brennan M. D.

(Address) St. Joseph Hosp.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80523

M. D. B. 1268-9

E 80523 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97V

15-61

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Allendale Rd. St. ..... Ward)

Length of residence in city or town where death occurred 83 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Saran Ann Atkinson Marston

(a) Residence: No. 2914 Allendale Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Frederick Wm. Marston

14. BIRTHPLACE (city or town) Boston, Mass.
(State or country)

MOTHER

15. MAIDEN NAME Mary C. Chayter

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Dr. James G. Marston
(Address) 2914 Allendale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 15, 1932

19. UNDERTAKER John F. Denny
(Address) 715 Eager St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from January ... 1932 to June 10 1932 I last saw h alive on April 16 1932 Death is said to have occurred on the date stated above, at 10:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio-Sclerosis	about 1 year.
cessation of all bodily functions	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) E. J. Marx M. D.
(Address) 176 Cathedral St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80524

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 4-25

CITY OF BALTIMORE: (No. ..... St. 4 ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joe Ded

(a) Residence: No. 202 Ivy Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 13, 1932

19. UNDERTAKER John P. Denny
(Address) 715 Light St

20. FILED JUN 13 1932 Huntingtown Calvert Co. Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6 1932 to June 9 1932

I last saw him alive on June 9 1932 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 mos.
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence H. Sena M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80525

U. S. A. & Co.—250 Bks.

E 80525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 46

1-PLACE OF DEATH

REGISTERED NO. 15-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 2800 Ridgewood Ave. ST. WARD)

2-FULL NAME Mary G. Carey,

(a) RESIDENCE NO. 2800 Ridgewood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward A. Carey

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Carey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) U. S.

12 MAIDEN NAME OF MOTHER Dubler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) U. S.

14 Informant Mrs. Wm. W. Harrington
(Address) 2800 Ridgewood Ave.

15 Filed JUN 13 1932, 19 Huntington Williams
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1932

17

I HEREBY CERTIFY, That I attended deceased from April, 1932, to June 10th, 1932

that I last saw h e alive on June 9th, 1932

and that death occurred, on the date stated above, at 2 A M

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anaemia 3 mos. Chronic Mitral Endocarditis, Inducation unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Exam.

(Signed) C. B. Lynch M. D.

6-10, 1932 (Address) 4926 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetry

DATE OF BURIAL 6/13/1932

20 UNDERTAKER C. Vernon Zeiming.

ADDRESS 4611 Park Heights

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80526

HEALTH DEPARTMENT—CITY OF BALTIMORE 80526

CERTIFICATE OF DEATH

1532

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 8-16 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Gregoria

(a) Residence: No. 1419 No. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) May 27, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Thomas Gregorio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sadie Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas Gregoria
(Address) 1419 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 13 1932

19. UNDERTAKER Martin W. Oppelman
(Address) 31 S Carey St

RECEIVED JUN 13 1932, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932 to June 12, 1932

I last saw him alive on June 12 1932 death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus Neonatorum	6/6/32

Other contributory causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Clinical & Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Meranchi, M. D.
(Address) Lyndenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80527 Rec. 500 Bks.

É 80527.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Fremont St. 17-23 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida E. Lane

(a) RESIDENCE NO. 707 N. Fremont ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Lane

6 DATE OF BIRTH (month, day, and year) 6/22/75

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cockeysville Md.

PARENTS

10 NAME OF FATHER Isaac Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Fry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Earl Lane (Son)
(Address) 707 N. Fremont

15 Filed JUL 7 1932, 19... Hattie Williams, N.R. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-1932

17 I HEREBY CERTIFY, That I attended deceased from 6-8-, 1932, to 6-10-, 1932, that I last saw her alive on 6-10, 1932 and that death occurred, on the date stated above, at 12a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Cerebral Hemorrhage)

(duration) yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. + mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Jackson, M. D.

6, 1932 (Address) 600 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 13 1932

20 UNDERTAKER Mrs. Hattie R. Williams

ADDRESS 322 N. Schroeder St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80528

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 8 E. St. 11-20 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Janowitz

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby. 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jeweler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Simon Janowitz

14. BIRTHPLACE (city or town) Vienna
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Lewis

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Miss. Isabella Janowitz
(Address) Marlborough Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Har Sinai Date June 13 1932

19. UNDERTAKER Rayd Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED JUN 13 1932 [illegible] Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 4 1928 to June 11 1932
I last saw him alive on June 10 1932 death is said to have occurred on the date stated above, at A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	June 4/32
Arteriosclerosis	
Aortic insufficiency (1925)	
Coronary Occlusion (Arteriosclerotic)	
Other contributory causes of importance:	
Symptoms	1928

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P Hamburger, M. D.
(Address) 1207 Eutaw Place.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 30529

M E 80529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) Union Memorial Hospital ST., 5-8 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Karen

(a) RESIDENCE NO. 122 Aisquith ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Esther Karen

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rabbi
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Tobias Karen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Taga Goyar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Selig Karen - Brother

(Address) 867 Trovone Brooklin N.Y.

15 Filed JUN 13 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull 6/11/32
Lacerated brain

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Struck by automobile while walking (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Pimlico Rd nr Reisterstown Rd

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? post

(Signed) Joseph Pokorny Coroner, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cemetery

DATE OF BURIAL 6-13 1932

20 UNDERTAKER Jack Levin Inc

ADDRESS 1439-6 East

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80530

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 14-28

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Rachel Silberman Silverman

(a) Residence: No. 1714 W. Pratt St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Steinberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Beister

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Silverman

(Address) 5400 - 7th St N.W. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Brai Israel Southern Cem. Date 6/13, 1932

19. UNDERTAKER Jack Levin Inc

(Address) 439 E. Balto St

FILED JUN 13 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1932 to 6-12, 1932

I last saw her alive on 6-12, 1932 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-9-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) E. W. Peake M. D.

(Address) Franklin Square Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80531 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80531

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Haller

(a) Residence: No. 745 Vine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John H. Haller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME — Butler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cassie Johnson

(Address) 745 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/13/32, 19

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 10 & W Montgomery St

20. FILED JUN 13 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	7

Other contributory causes of importance:

Acute Edema of Lungs	5

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Augustus Fuller, M. D. Coroner

(Address) 539 Eastern Ave

IF NOT WRITTEN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & S—250 Blks

E 80532

E 80532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

#6v

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3044 Dillon ST 1-1 WARD)

2-FULL NAME Mary A. McCormick

(a) RESIDENCE NO 3044 Dillon ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1865,

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	67	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr. Grundy

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER James McCormick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Rorke

13 BIRTHPLACE OF MOTHER (city or town) Reading
(State or country) Penna.

14 Informant Mrs. Cordelia C. McRory
(Address) 3044 Dillon St.

15 Filed JUN 13 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 11, 1932

that I last saw h.. alive on June 10, 1932

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Francis Litton M. D.

6/4, 1932 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL June 13 1932

20 UNDERTAKER Wm. C. Black — ADDRESS 927 N. Broadway

Director

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80533

CERTIFICATE OF DEATH

✓159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hosp. 24-33 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Thompson

(a) Residence: No. 6704 Belvoir Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White.	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-9-32.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME Harry Thompson

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT Dr Schumacher
(Address) So Balto Gen'l Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 6-9-1932

19. UNDERTAKER .....
(Address) Huntington Williams, Inc.

20. FILED JUN 13 1932, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-32 19

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932 to June 9, 1932

I last saw h.. alive on 5:08 P.M. 6-9 1932 death is said to have occurred on the date stated above, at 5-23 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Prematurity	

Name of operation Spontaneous delivery Date of 6-9-32

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Ferros, M. D.

(Address) South Baltimore General Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 80534

E 80534

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 ✓

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l. Hosp. St. 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Fischer

(a) RESIDENCE NO. 3231 Phelps Lane SR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE Emma D. Fischer

6 DATE OF BIRTH (month, day, and year) Jan. 25 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address) Md. General Hospital

15 Filed JUN 13 1932 Huntington Williams M.D. Registrar

UN 13 1932

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1932

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 9, 1932,

that I last saw him alive on June 9, 1932

and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardio-Renal Disease

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of 6/8/32

Was there an autopsy? No.

What test confirmed diagnosis? Operation Findings

(Signed) Gilbert R. Wilkinson M. D.

C. H. (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Park Cemetery

DATE OF BURIAL 6/13/32

20 UNDERTAKER F. B. Wyand

ADDRESS 1850 W. Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 80535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80535

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Biddle St. St. 8-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Robinson

(a) Residence: No. 1618 E. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	-	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., (State or country) Md.

FATHER

13. NAME Wm. Robinson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza May

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm. R. Coughlan
(Address) 1618 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy 6/14/32 19

19. UNDERTAKER John C. Whitehill & Sons
(Address) 1220 Eutaw Place

20. FILED JUN 15 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to June 12 1932

I last saw her alive on June 11 1932 Death is said to have occurred on the date stated above, at 7.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	18 mos ago

Other contributory causes of importance:

Myocardial insufficiency	1/4 mo ago

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, [illegible]

(Signed) [illegible] M. D.

(Address) 1403 Park

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 80536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80536

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. C. Bosley Lilling

(a) Residence: No. 227 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. C Bosley Lilling

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Phillip Lilling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Pamela E. Lilling

(Address) 227 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date June 15 1932

19. UNDERTAKER Edward C. Mitchell & Son

(Address) 1908 Eutaw Place

20. FILED JUN 13 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-9-1932 to 6-13-1932

I last saw him alive on 6-13-1932 Death is said to have occurred on the date stated above, at 3:33 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	5-27-32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Hamm, M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Illegible

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80537

E 80537

CERTIFICATE OF DEATH

47v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 St. Paul St. 12-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert M. Harrier

(a) Residence: No. 1814 St. Paul St., Ward.
(Usual place of abode) 20 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Harrier

6. DATE OF BIRTH (month, day, year) July 30 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma Harrier
(Address) 1814 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/13/32

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED JUN 13 1932 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28 1932 to June 11 1932

I last saw him alive on June 8 1932. Death is said to have occurred on the date stated above, at 1105 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx.	about March 1931

Other contributory causes of importance:

Name of operation Removal of Growth in throat Date of 1931

What test confirmed diagnosis? Laryngoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Yagoff M.D.

(Address) 401 E 25th St

Director

M. D. B. 1268-9

E 80538

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80538

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Brice St. 16-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Spicker

(a) Residence: No. 624 Brice St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Amelia Spicker

6. DATE OF BIRTH (month, day, year) Feb 7th 1854

7. AGE Years	Months	Days	if LESS than 1 day, hrs. or min.
78	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Bargain House

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Amelia Spicker

(Address) 624 Brice St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 13th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 13 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to June 10 1932

I last saw ~~him~~ alive on June 10 1932 Death is said to have occurred on the date stated above, at 9.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro pneumonia	
& Chronic valvular heart trouble	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gust V. Baker M. D.

(Address) 300 N. Howard Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80539 HEALTH DEPARTMENT—CITY OF BALTIMORE

261829

CERTIFICATE OF DEATH

119 E 80539

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1600 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Wrenn Robert M. Wrenn

(a) Residence: No. 1811 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2. 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Marshall Wrenn

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mildred Richardson

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 13 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUN 13 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932 to June 11, 1932
I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 10 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	6-10-32
Pneumococcal Septicemia	6-10-32

Other contributory causes of importance:

Pneumonia	6-8-32
Uremia - Coma	6-11-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. P. Anderson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80540 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80540

261575

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reginald Eldridge

(a) Residence: No. 537 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Eldridge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Date June 13 1932

19. UNDERTAKER John W Henderson
(Address) ~~[illegible]~~

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1932 to June 11 . 1932
I last saw h im alive on June 11 . 1932 Death is said to have occurred on the date stated above, at 1.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-27-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. S. Anderson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80541

CERTIFICATE OF DEATH

80541

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Herring Run Park nr Harford Rd St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Norman L. Bassford

(a) Residence: No. 4800 Arabia Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Grace E. Bassford
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Robt. Arbuckle & Sons

10. Date deceased last worked at this occupation (month and year) | 10a. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Harry J. Bassford

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md.

MOTHER

15. MAIDEN NAME Ella L. Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

17. INFORMANT Harry J. Bassford

(Address) 3211 Beverly Road

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date June 14 1932

19. UNDERTAKER Harry W. Ehlen

(Address) 1944 W. Lafayette Ave

Registered JUN 13 1932 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11/32 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ..... 19.... about 6 A.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrathoracic Hemorrhage	
Pistol shot region of heart.	

Other contributory causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19....

Where did injury occur? Herring Run Park (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. E. Sauer M. D.

(Address) 508 E Lexington St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80542

E 80542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-091

Registered No. 16-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 Riggs Ave St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David K. Gallickoffer

(a) Residence: No. 2742 Riggs St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gallickoffer

6. DATE OF BIRTH (month, day, year) Sept. 11 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David K. Gallickoffer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Virginia Pierce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth D. Kernan

(Address) 2742 Riggs ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date June 14 1932

19. UNDERTAKER Lilly & Gelbert Inc.

(Address) 403 S. Wolfe St.

DATE RECD JUN 13 1932 19 Huntington Hts.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3rd 1932 to June 10th 1932

I last saw him alive on June 9th 1932 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6.1.32

Other contributory causes of importance:

Name of operation Chrome Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. S. Zahnhauser M. D.

6/10/32 (Address) 1701 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80543

CERTIFICATE OF DEATH

46

Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4110 Roland Ave St., (Ward) 13-57

Length of residence in city or town where death occurred yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Mc Fadyen Wood.

(a) Residence: No. 4110 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Charles F. Wood.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Georgia Cox

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

17. INFORMANT Mrs. E. B. Bullard

(Address) 4110 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 13 1932

19. UNDERTAKER Joseph D. Cook

(Address) 1063 W. Baltimore St.

JUN 13 1932

(Filed) Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 11 1932

last saw h er alive on June 10 1932 death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset June 1-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archie J. Davis, M. D.

(Address) 8001 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80544

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Madison Ave. Ward) 20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Thos Banks

(a) Residence: No. 1606 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thos Banks

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 51 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thos Banks

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mulcomi

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Eva L Horton 1606 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem. 6/13 19 32

19. UNDERTAKER: Samuel Hemsley

(Address): 28 McCulloh St.

20. FILED ... 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1932 to June 10 1932

I last saw h alive on June 10 1932 Death is said to have occurred on the date stated above, at 6 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Abscesses	?

Other contributory causes of importance:

Toxemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify ...

(Signed) Edw. J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1746

E 80545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80545

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 918 Eutaw St., (Ward) 14-20

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas Restivo

(a) Residence: No. 918 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4-1931

7. AGE: Years 1 | Months — | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Pasquale Restivo

14. BIRTHPLACE (city or town) (State or country) Prohibition Italy

MOTHER

15. MAIDEN NAME Maria Carbone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Restivo
(Address) 918 Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cemetery Date 6-14-1932

19. UNDERTAKER J. A. Gibson
(Address) 1121 Pennsylvania Ave.

20. FILED JUN 13 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9 1932 to June 12 1932

I last saw h alive on June 9 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 7 days

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leuth M. D.
Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80546

CERTIFICATE OF DEATH

E 80546

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Patapsco St. 23-33 Ward)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 13 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Elizabeth Hoffmann

(a) Residence: No. 1307 Patapsco St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George W. Hoffmann

6. DATE OF BIRTH (month, day, year) May 29th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Philip Mehring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rupple

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Frank Wess
(Address) 1307 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL. Place St Pauls Violetville. Date 6/17/32

19. UNDERTAKER George Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19... Hunter, Tow Williams, Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to June 11, 1932

I last saw h-e alive on 6-11- 1932 death is said to have occurred on the date stated above, at 12:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Mitral Regurgitation

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Emerit Lovell M. D.

(Address) 3705 Liberty Heights Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNDER 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80547. E 80547.

CERTIFICATE OF DEATH

93-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N Asquith St St., 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fredericka Glentmeyer (Glendmeyer)

(a) Residence: No. 104 N Asquith St St., 4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Fredrick Glentmeyer

6. DATE OF BIRTH (month, day, year) March 9 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Sthl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Steinman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fredericka Glentmeyer (daug

(Address) 104 N Asquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cent Date June 14 1932

19. UNDERTAKER Edward L Lilly

(Address) 2318 E Lanvale ave

Huntington Williams, M.D.

Registrar. Director

JUN 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1932 to June 11 1932

I last saw h[illegible] alive on June 10 1932 Death is said to have occurred on the date stated above, at 9 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
arterial Sclerosis	20
Other contributory causes of importance:	
Cerebral Hemorrhage	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edward L Lilly M. D.

(Address) 413 Washington ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80548

80548 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80548

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-24 Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecelia Barnes

(a) Residence: No. 201 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) Aug. 12-1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Fannie Jenkins

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT George Barnes
(Address) 201 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/13/1932

19. UNDERTAKER Mrs. Geo. H. Tolla
(Address) 1631 Druid Hill Ave

20. FILED JUN 13 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to June 10, 1932

I last saw her alive on June 10, 1932 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic cardio vascular disease with mitral stenosis & insufficiency	5 yrs.
Subacute bacterial endocarditis	6 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Karl Grossman M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

80549

HEALTH DEPARTMENT—CITY OF BALTIMORE

M 2 ✓

E 80549

CERTIFICATE OF DEATH

X 210-33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hospital St., Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney B. Hatfield

(a) Residence: No. Cypress ave North East Point Rd., St., Colgate P.O. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda C. Hatfield

6. DATE OF BIRTH (month, day, year) Oct. 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Construction Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME E. B. Hatfield

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Naomi Fletcher

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT E. B. Hatfield

(Address) North Pt Rd, Colgate P.O.

18. BURIAL, CREMATION, OR REMOVAL

Place Parrsboro Nova Scotia Date June 13. 1932 Canada

19. UNDERTAKER C. Howard Evans

(Address) 25 E. Fayette Huntington Williams, N.Y.

20. FILED JUN 21 1932 R. A. H. REGISTRAR

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to 19

I last saw alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Intracranial hemorrhage	6/11/32
Other contributory causes of importance:	
Automobile Accident	6/11/32

Name of operation none Date of ✓

What test confirmed diagnosis? spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/11 1932

Where did injury occur? Annapolis Rd, Furnace Branch Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Two autos. collided.

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. B. 1268-9

E 80550 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80550

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 14-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Hopkins

(a) Residence: No. 721 N North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	63	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date June 13 ... 19 32

19. UNDERTAKER

(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h— alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

6/10/32 (Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. FAILURE to state OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80551

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 5-9 ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Russell

(a) Residence: No. 1411 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) March 14, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

666

12. BIRTHPLACE (city or town) (State or country) Graham N.C.

FATHER

13. NAME Abe

14. BIRTHPLACE (city or town) (State or country) Graham N.C.

MOTHER

15. MAIDEN NAME Winnie ?

16. BIRTHPLACE (city or town) (State or country) Carolsville N.C.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Emerald, Md Date June 15 , 1932

19. UNDERTAKER (Address) [illegible]

21 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 9, 1932

I last saw him alive on June 9, 1932. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	2 mos.

Other contributory causes of importance:

Arteriosclerosis	Chr

Name of operation ? Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

N 13932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80552 E 80552

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Ryan

(a) Residence: No. 2418 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Ryan

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary Kuebel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father
(Address) 2418 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Catholic Date June 14, 1932

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

Filed ..... 19 ..... Registrar.

N 131932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1932 to 6/11, 1932

I last saw h alive on 6/11, 1932 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tonsilitis	1 wk?
Acute Hemorrhagic Nephritis	1 day?

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. E. Lewis M. D.

(Address) Mercy Hospital

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Stec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80553

CERTIFICATE OF DEATH

131

E 80553

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1617 N. Montford Ave. ST. 8-16 WARD)

2—FULL NAME John Michael Bond.

(a) RESIDENCE NO. 1617 N. Montford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Bond.

6 DATE OF BIRTH (month, day, and year) Dec 28-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Umbrella. 66

(c) Name of employer Sans Bros. New York.

9 BIRTHPLACE (city or town) (State or country) New York. New York.

PARENTS

10 NAME OF FATHER John. Bond.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Vincent Bond (Address) 1617 N Montford.

15 JUN 13 1932 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 - 32

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 11, 1932 that I last saw him alive on June 11, 1932 and that death occurred, on the date stated above, at 945 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension, Arteriosclerosis. Cerebral Hemorrhage. (5 hrs.)

(duration) yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Urinalysis & Phthalein.

(Signed) Thos J. Stevens M. D.

6 11, 1932 (Address) 2878 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 15 1932

20 UNDERTAKER John A. Inman — ADDRESS 3000 E. Balto St.

Important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80554

80554

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Fayette St. St., 14-27 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Jump

(a) Residence: No. 1717 N. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Sidney Jump.

6. DATE OF BIRTH (month, day, year): June 9-1850

7. AGE: Years 82 | Months — | Days 3 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Queen Annes Co. Md.

FATHER

13. NAME: William Barcus

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Eliza Thurner

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Mildred Anna Nichols
(Address) 1717 N. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Centreville, Md. Date: June 14 1932

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED: JUN 13 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1932 to 6/12 1932

I last saw h[illegible] alive on 6/11 1932 Death is said to have occurred on the date stated above, at 2.55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/5/32

Other contributory causes of importance:

Arteriosclerotic cardio-renal disease & uremia.	→ ? → 6/9/32

Name of operation — Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Thos. E. Stacy, Jr. M. D.

(Address) 4012 Edmondson Avenue

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

N 13 1932

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80555 108 E 80555

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp St., 7-13 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Hall

(a) Residence: No. 9149 N. Chester St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Hall

6. DATE OF BIRTH (month, day, year) Jan 13 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	64	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Kapp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E Howard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT James C. Hall
(Address) 9149 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 15, 1932

19. UNDERTAKER William F. Schaefer
(Address) 1416 Fremont Ave

Filed JUN 13 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to June 12, 1932
I last saw her alive on June 12, 1932 death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk

Other contributory causes of importance:

Toxemia Acute Myocardial failure	2 ds

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. M. Symmonds M. D.
(Address) St Joseph Hosp

N 131932

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80556

CERTIFICATE OF DEATH

94-001

E 80556

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Linwood Ave St., 7-11 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Rudolph Hurt

(a) Residence: No. 505 N. Linwood Ave St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie Hurt (Besanz)

6. DATE OF BIRTH (month, day, year) Mar 6/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	11	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aberdeen Proving

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Charles Hurt

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Antonette Kesler

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Antonette Hurt
(Address) 505 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date June 14 1932

19. UNDERTAKER J. Schumann Sons
(Address) 113 Lemmon St.

N 13 1932 Huntington Wil... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to 19

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 11.10 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Grounds)

Other contributory causes of importance:

(History given "Angina Pectoris) ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 508 E ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—3000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80557

CERTIFICATE OF DEATH. 157-00

E 80557

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 3502 E. Baltimore St. 26-27 (WARD)

2-FULL NAME Walton L. Abrahams

(a) RESIDENCE No. 3502 E. Baltimore ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Sept 13th 1931

7 AGE — Years: — Months: 9 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Samuel L. Abrahams

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Augusta Stallmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Samuel L. Abrahams
(Address) 3502 E. Baltimore St.

15 6 13 1932

16 Huntington Williams, M.D. Registrar

17 Dodd Signature

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1932

17 I HEREBY CERTIFY, That I attended deceased from Birth 9/27 1931. to June 13. 1932.

that I last saw h(e)(is) alive on June 12. 1932.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Gastro Enteritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. White Jr. M. D.

6/13. 1932 (Address) 2800 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: June 15 1932

20 UNDERTAKER: E. Schlosman & Son

ADDRESS 1037 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80558 ✓ E 80558

CERTIFICATE OF DEATH

23

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1751 Clarkson ST. 23-32 WARD

2-FULL NAME Henry Horst

(a) RESIDENCE NO. 1751 Clarkson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of [redacted] Lottie Horst

6 DATE OF BIRTH (month, day, and year) Feb 14 1877

7 AGE: Years 55 | Months 2 | Days 28 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Horst

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Sophia Bartel

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germy

14 Informant (Address) Bertha Greb 1751 Clarkson St.

15 Filed 6 13 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1. 1932 to June 12 1932

that I last saw him alive on June 11. 1932

and that death occurred, on the date stated above, at 1:00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Indefinite

CONTRIBUTORY (Secondary) Hemorrhage of lung (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

6/13 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL June 15 1932

20 UNDERTAKER E. Schlomann & Son ADDRESS 1034 Hanover St

Director

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC-
TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80559

CERTIFICATE OF DEATH

93-001

E 80559

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 1-2 WARD)

2-FULL NAME Thomas Davies

(a) RESIDENCE NO 517 S Curley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Davies

6 DATE OF BIRTH (month, day, and year) Dec 10 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
45 44	44	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Heater
(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Ammatuna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anna Davies

(Address) 517 S Curley St

15 [illegible] Huntington Williams N.D. Registrar Director

JUN 13 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 517 S Curley

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Peterson M. D. Coroner

June 14, 1932 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 14 1932

20 UNDERTAKER Wendell J Lepp — ADDRESS 300 S Ca...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250R

E 80560 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80560

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Ivanhoe St., 27-44 Ward) 8

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola Helaine Ray

(a) Residence: No. 5201 Ivanhoe Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roscoe Ray

6. DATE OF BIRTH (month, day, year) April 2 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wentworth Conn.

FATHER

13. NAME Robt L Brown

14. BIRTHPLACE (city or town) (State or country) Wentworth Conn

MOTHER

15. MAIDEN NAME Frances Hendrickson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Ray
(Address) 5201 Ivanhoe Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 15 1932

19. UNDERTAKER H. S. Marshall
(Address) 3539 Falls Rd

20. FILED JUN 13 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-32 19

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to 6-13-32 19

I last saw her alive on 6-12-32 death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Renal	0031
Complicating	

Other contributory causes of importance:

Anaemia	6-10-32

Name of operation None Date of ...

What test confirmed diagnosis? Not Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm J Eckhardt, M. D.

(Address) 3400 Wyndhurst Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80561

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3-70 St. P.R.R. Penna Rgd Road Ward

2-FULL NAME John W. Rittenberry

(a) RESIDENCE No Petersburg, Virginia ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer unemployed

9 BIRTHPLACE (city or town) (State or country) Tennesee

PARENTS

10 NAME OF FATHER Nathaniel Rittenberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Rebecca ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs J. S. Jamison
(Address) 3311 Garland Ave., Richmond, Va.

15 Filed 6/13 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Fractured Skull & Internal Injuries (Struck by Penn R.R. Train (Freight) Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Lawrence Coroner, M. D.

6/13 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mark's, Hampden

DATE OF BURIAL June 14, 1932

20 UNDERTAKER E. Leroy Stiffler, & Inc.

ADDRESS 1758 North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 80562

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 10-14 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Levinia Holden

(a) Residence: No. 1039 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Holden

6. DATE OF BIRTH (month, day, year): Dec. 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ? Delaware

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date June 15th, 1932

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St.

20. FILED JUN 13 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1930 to June 13, 1932

I last saw her alive on June 13, 1932 Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	1927
Arteriosclerosis	unk
Hypertension	unk
Other contributory causes of importance:	
Cystitis	unk
Bronchopneumonia	3 days

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Glennon M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Culverhouse 1901 Eutaw Place Mad 5627 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80563

CERTIFICATE OF DEATH

107-001

E 80563

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1839 Bolton St. (Ward) 14-28

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Duke Bolton

(a) Residence: No. 1839 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18th 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Arthur Edward Bolton

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Della M. Duke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Milton L. Miller

(Address) 1423 William St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 14th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 6-13-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1932 to June 12th 1932

I last saw him alive on June 12th 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	7 days

Other contributory causes of importance:

Coronary Embolus	sudden

Name of operation None Date of

What test confirmed diagnosis? Physical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

6/13/32 (Signed) H. S. Culverhouse M. D.

(Address) 1901 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 80564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 80564

1—PLACE OF DEATH

REGISTERED NO. 12-50

CITY OF BALTIMORE: (No.) 2640 Guilford Av (St.) (WARD) 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carson Schumacher

(a) RESIDENCE NO. 2640 Guilford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Minnie W. Schumacher

6 DATE OF BIRTH (month, day, and year) May 24th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Manufacturer

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Carson Schumacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mamie Schumacher

(Address) 2640 Guilford ave

15 JUN 13 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12-1932

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to June 12, 1932

that I last saw h... alive on June 10, 1932

and that death occurred, on the date stated above, at 8.30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Osteomyelitis

(duration) 50 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Daily life

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John F Crain, M. D.

6/13/1932 (Address) 612 W 40

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	June 14th 1932
20 UNDERTAKER	**ADDRESS**
Wm Cook	1217 St Paul St

Important. See instructions on back of certificate.

A&Co. 5-31 250B

E 80565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80565

CERTIFICATE OF DEATH

108 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 3rd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lankford

(a) Residence: No. 1108 Bethel St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT ?
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 6-14 1932

19. UNDERTAKER Byron & Mamie Wright
(Address) 1218 McElderry St

No. Filed JUN 14 1932 Huntington Williams N.T. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1932 to 6-11-1932

I last saw him alive on 6-11-1932 death is said to have occurred on the date stated above, at 345 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-3-32
Other contributory causes of Importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? N.A.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George McDonnell M. D.
6-11-1932 (Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

Clarence T Burgan Jr

E 80566 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80566

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Falls Road St. 13-57 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence T. Burgan. Jr.

(a) Residence: No. 3725 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elva Burgan.

6. DATE OF BIRTH (month, day, year) Aug 25 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Clarence T. Burgan

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Tucker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elva Burgan

(Address) 3725 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 15, 1932

19. UNDERTAKER Edmondson Son

(Address) 26 E. Lanvale Ave.

20. FILED JUN 17 1932 Huntington Williams, M.D. Registrar.

R 14 1932 Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to June 13, 1932

I last saw him alive on June 11, 1932 death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1932
ulcers	
Subsequent to Influenza	
Other contributory causes of importance:	
Pulmonary edema	

Name of operation Spinal Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward H. Cook, M. D.

(Address) 1137 Cathedral

AaCo. 5-31 2508

E 80567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80567.

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Roland Ave St. 13-54 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia W. Phillips

(a) Residence: No. 3709 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Phillips

6. DATE OF BIRTH (month, day, year) July 6, 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William Lovell.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Lovell.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Ella R. Phillips
(Address) 3709 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date June 15, 1932

19. UNDERTAKER Thomas E. Low
(Address) 3615 Harford Ave

19. FILED JUN 14 1932, 19..... Huntington Williams, M.D. Registrar-Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1932 to June 12, 1932

I last saw her alive on June 12 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Paresis Not known	
Other contributory causes of importance:	

over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lewis Redenbaugh, M. D.

(Address) 853 N. Gay St.

OCCUPATION is very important. See instructions on back of certificate.

E 80568

E 80568 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

REGISTERED NO. 26-37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounsed Dead at Baltimore City Hospitals) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WILLIAM HILGEMAN

(a) RESIDENCE NO. 408 S. Dean St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda Hilgeman

6 DATE OF BIRTH (month, day, and year) June 9, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wagon Builder
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Louis Weiner

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Hilgeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Louise Brehm (Daughter)

(Address) 408 S. Dean St.

15 Filed JUN 14 1932 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 408 S Dean

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Bergmann, M. D. Coroner

6/14, 1932 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL June 15 1932

20 UNDERTAKER Henry Sender & Sons. Inc.

ADDRESS Baltimore st & Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250M

E 80569

80569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Selma Thompson

(a) Residence: No. 1421 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Thompson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Scott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. Thompson
(Address) 1421 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/14/1932

19. UNDERTAKER Mrs. Geo. L. Holland
(Address) 1631 Druid Hill Ave

20. FILED JUN 13 1932 Huntington Hollins Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/1932

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1932, to 6-11-1932

I last saw h[illegible] alive on 6-11-1932 death is said to have occurred on the date stated above, at 4 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas Face	unk

Other contributory causes of importance:

Toxemia Pregnancy 6/9/32
Myocardial Failure 6/9/32

Name of operation Hysterectomy Date of 6/9/32

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Thaw M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 80570

80570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

5-9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 E. Baltimore St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Johnson

(a) Residence: No. 213 N Spring St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Johnson

7. DATE OF BIRTH (month, day, year) June 17/1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph Parker

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Laura Fairfax

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Laura Parker
(Address) ~~811 Aisquith St~~

18. BURIAL, CREMATION, OR REMOVAL

Place Lakeview Cem Date June 14 1932

19. UNDERTAKER G. Fricks & Sons
(Address) 1362 Jefferson St. Huntington Williams, N.Y.

FILED JUN 14 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage (Apoplexy)	
Other contributory causes of importance: Undetermined.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jos E Howard Gordon M. D.

(Address) 108 E Fayette

M. D. B. 1268-9

E 30571

E 30571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XY86-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-17 Ward)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. J. Kreutzer

(a) Residence: No. Putty Hill & Ridge Ave, Ward. Balto Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of July 15/1923

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. P. Kreutzer

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Julia Tilljohann

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Wm. P. Kreutzer
(Address) Putty Hill & Ridge Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date June 15th 1932

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S. Monroe St

20. FILED June 17 1932 Huntington Williams, N.P. Registrar.

UNTAKEN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June11/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9.20 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-hemorrhage	
Laceration of liver & rt kidney	

Other contributory causes of importance:

Contusion of brain	
Probable fracture of skull	

Name of operation Exploratory Lapar Date of 6/10/32
What test confirmed diagnosis? Partial Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/10/32
Where did injury occur? back yard of home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Fell out of tree
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Ocean M. D.
Coroner
(Address) 508 E. York Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—2-29-28—L. F. S.—500 Bks.

E 80572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80572

CERTIFICATE OF DEATH

131

REGISTERED NO. 25-76

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Tate ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Green

(a) RESIDENCE NO. 3206 Tate ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Green

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Green Jr

(Address) 3206 Tate St

15 Filed JUN 14 1932 Huntington Williams, N. D. Registrar

Division

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to June 12, 1932

that I last saw h/m alive on June 12, 1932

and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Renal Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Renal & Dental Gangrene

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George McDonald, M. D.

19 (Address) 900 W Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	June 15 1932
20 UNDERTAKER James A Hayes	ADDRESS 142 Uptown St

Important.—See instructions on back of certificate.

Spec. —9-30—A. & Co.—250 Bks.

30573

E 80573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1135 (St.) Shield (Ward) 17-24

REGISTERED NO. 13 1/2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Middleton

(a) RESIDENCE NO. 1135 (Usual place of abode) ST. Shield WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 1880

7 AGE Years 51 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oyster Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) David Rebb 1135 Shield

15 Filed 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1932

17

I HEREBY CERTIFY, That I attended deceased from May 9 1932 to June 11 1932

that I last saw him alive on June 11 1932

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6-13 (Address) North Pole

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 6-14 1932

20 UNDERTAKER Bennett Eshelman

ADDRESS 911 Park ave

TION is very important. See instructions on back of certificates.

E 80574 Andrew Robinson Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80574

CERTIFICATE OF DEATH

12 IV

1. PLACE OF DEATH Provident Hospital

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1219 St., ... Ward)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Andrew Johnson Johnson

(a) Residence: No. 255 W. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1921

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Queen Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Queen Johnson
(Address) 255 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6-16 1932

19. UNDERTAKER Dant Easter
(Address) 916 Pine

20. FILED JUN 14 1932 Harrington Williams N.E. Registrar Precinct

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June 5, 1932

I last saw him alive on June 3, 1932 death is said to have occurred on the date stated above, at 11 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	5/28/32
Other contributory causes of importance:	
Ruptured Appendix	5/26/32

Name of operation Appendectomy Date of 5/28/32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bradley Higgins M. D.

(Address) Provident Hospital

OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-9

E 80575 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80575

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S. Fulton Ave St. 14-28 Ward 13N

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Floyd

(a) Residence: No. 214 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. DATE OF BIRTH (month, day, year): June 4th 1875

7. AGE: Years 57 Months 5 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Joseph D. Gibson

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Sophia Chaney

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Todd M. Fleischmann

(Address) 214 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date , 19

19. UNDERTAKER: J. J. Rupport

(Address) 850 N. Eutaw St.

20. FILED JUN 14 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1932 to June 11, 1932

I last saw her alive on 6/11, 1932 Death is said to have occurred on the date stated above, at 9:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio-vascular renal disease	1922
Cardiac Decompensation	1930
Right Hemiplegia - thrombosis	May 32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Blum M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80576

E 80576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Wilkens Ave. 20-72 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose E. Koehler

(a) Residence: No. 2123 Wilkens Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Koehler

6. DATE OF BIRTH (month, day, year) Month Day Unknown 1862

7. AGE	Years	Months	Days	LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Nugent

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Henry C. Koehler
(Address) 2123 Wilkens Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/16/1932

19. UNDERTAKER F. B. Wippert
(Address) 1850 W. Baltimore

20. Filed JUN 1 1932 19 Huntington Willmott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932 to June 12 1932

I last saw h alive on June 12 1932 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Kuell M. D.

(Address) 207 Redwood St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. H. 1268-9

E 80577 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80577

131V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Fait Ave St., 1-3 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H Givens

(a) Residence: No. 2723 Fait Ave St., Ward. Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mail	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella M Givens

6. DATE OF BIRTH (month, day, year) Apr 16 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year) 5 | 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Tangier Virginia

FATHER

13. NAME John T. Givens

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Evans

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ella M Givens
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 6-16-32

19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 W. Baltimore St.

Huntington Pittsburgh, Pa.

1 A 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932 to June 12, 1932

I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset .....
Chronic Nephritis

Other contributory causes of importance: Arteriosclerosis

Name of operation No Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J Jones Jordan M. D.

(Address) 500 E. Ellwood Ave

INSTRUCTIONS IS VERY important. See instructions on back of certificate.

E 80578

E 80578 50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 5-8 WARD)

2-FULL NAME Edward Wells

(a) RESIDENCE NO 1240 Edythe St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Wells

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Bolte 2nd
(State or country)

PARENTS

10 NAME OF FATHER Daniel White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Leona Wells

(Address) 1240 Edyth St

15 Filed JUN 1 1932 192 Huntington Williams, M.D. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1001 Salisbury St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) P. P. Henry M.D. Coroner, M. D.

6/14, 1932 (Address) 1306 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL June 14 1932

20 UNDERTAKER Wilton Morris

ADDRESS 433 N. Eden St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 80579 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80579

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Madeira St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

2. FULL NAME Frank J. Bradley

(a) Residence: No. 407 N. Madeira St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Bradley
6. DATE OF BIRTH (month, day, year): Unknown
7. AGE: Years 58; Months ....; Days ....; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME: Anna Bradley
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Anna Bradley
(Address) 407 N. Madeira

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 15 1932

19. UNDERTAKER: Frank Crockson
(Address) 1906 Eastern Ave

20. FILED JUN 14 1932 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1932, to June 12, 1932
last saw h.. alive on June 12 1932 death is said to have occurred on the date stated above, at 8:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (acute)	6 days
Diabetes	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. de Haven Hoffman M. D.
(Address) 1400 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9

80580

M-E 80580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen. Hosp. (St.) 24 (Ward) 33

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Jacob Bilenki

(a) Residence: No. 163 Church St St., Ward.

163-A Church St

(Usual place of abode) (If non-resident give city or town and State)

a a Co Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bilenki

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME John Bilenki

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Mary Mislov

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mary Bilenki

(Address) 163 Church St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 16, 1932

19. UNDERTAKER Frank Brackson

(Address) 1906 Eastern Ave

FILED JUN 14 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19 . to , 19 .

I last saw him alive on Inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull (comp.)	
Intracranial hemorrhage	6/13/32
Other contributory causes of importance:	
Struck by automobile	6/13/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/13, 1932

Where did injury occur? Church St at Disney Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while walking

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Pokorny M. D.

Coroner

(Address) 2209 E Madison St

M. D. B. 1268-9

B 80581 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 80581

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Mem. Hospital St., (Ward) 49
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Joseph Cockey
(a) Residence: No. Fremont Balto. Co. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/16/1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	5	26 12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Charles Cockey
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Emily Cockey
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. M. Hines
(Address) Towson

18. BURIAL, CREMATION, OR REMOVAL
Place Oakers Cemetery Date 6/15 1932

19. UNDERTAKER Henry H. Mears & Son
(Address) 502 N. Eutaw St.

20. FILED 6 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1932 to 6/12 1932
I last saw him alive on 6/12 1932 Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	6/12
Other contributory causes of importance: Acute Cholecystitis with cholelithiasis	6/5/32

Name of operation Cholecystostomy Date of 6/6
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. H. Mortimer Jr. M. D.
(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

80582 L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80582

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifton Park ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Roland Moreland

(a) RESIDENCE NO. Clifton Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman do.

(b) General nature of Industry, business, or establishment in which employed (or employer) Steam Ships

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Harry Moreland.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Eggnitz

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Anna Belle Poole Sister

(Address) 718 N Howard St.

15 Filed JUN 14 1932 Huntingtons Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-1932

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1932, to June 13, 1932

that I last saw he alive on June 12, 1932

and that death occurred, on the date stated above, at 150 a. m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia 1 day.

Hypertension, mitral Regurgitation

decompensate)

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis

(duration) yrs. 1 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Uremia & Sphyg

(Signed) Thos J. a Stevens, M. D.

6/13, 1932 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL June 15 1932

20 UNDERTAKER Chas P. Crane & Son ADDRESS 1118 W. Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80583

CERTIFICATE OF DEATH

161 E 80583

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Gladden

(a) Residence: No. 921 N. Durham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Bl.	.....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 6, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
.....	.....	1½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charley Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Beatrice Gladden

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Med Cemetery Date June 13, 19 32

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 32 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to June 8, 1932

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.45Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles H. Peckham M. D.

(Address) Johns Hopkins Hospital

OCCUPATIONS are very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80584

CERTIFICATE OF DEATH

159 E 80584

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 6-19 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Egan

(a) Residence: No. 2101 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	.....

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
✓		3½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Egan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Dockel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 11, 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. [illegible] 1932 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to June 9, 1932

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (8 months)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Buckman M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80585 E 80585

CERTIFICATE OF DEATH

Registered No. 161-001

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Bailey

(a) Residence: No. 22 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Bl.	.....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 9, 1932

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
✓	...	...	...	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... gnl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Raymond Bailey

14. BIRTHPLACE (city or town) ... (State or country) Va.

MOTHER

15. MAIDEN NAME Patsy Jackson

16. BIRTHPLACE (city or town) ... (State or country) Va.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date June 10 ... 19 32

19. UNDERTAKER ... Address ...

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.43 P.m.

The principal cause of death and related causes of importance were as follows:

Partial Atelectasis — Date of onset .....

Other contributory causes of importance:

Premature - 7 mos.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Charles H. Huntington M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80586

CERTIFICATE OF DEATH

159 E 80586

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Cinnamond

(a) Residence: No. 3413 E. Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/7/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME James Cinnamond

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Catherine Elliott

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records — JOHNS HOPKINS Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jeff Med College Date June 1932

19. UNDERTAKER Domestic Relief Assn.

Address Huntington, West Virginia

20. FILED JUN 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9 1932 to June 10 1932

I last saw him alive on June 10 1932 Death is said to have occurred on the date stated above, at 6 2.0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6-9-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

E 80587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80587

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Henry Smith

(a) Residence: No. 10 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ about 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hopkins Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date June 14 ... 19

19. UNDERTAKER ...
(Address)

20. [illegible] Registrar.

14152 2006

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8.32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
General Arteriosclerosis	
Other contributory causes of importance: Syphilitic Aortitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 80588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 80588

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-51 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Carey

(a) Residence: No. 2566 Race St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hopkins Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER Huntington Williams, N.P.
20. FILED ... 19 ... Registrar.

1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
General Arteriosclerosis	

Other contributory causes of importance:

Syphilitic Aortitis	
Chr Nephritis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...
(Signed) ... M. D.
(Address) ... (Colored)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80589 ✓

E 80589

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 D. Wolfe ST. 2-4 (WARD)

2-FULL NAME Infant Bachman

(a) RESIDENCE NO. 713 D. Wolfe ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 13, 1932

7 AGE Years Months Days If LESS than 1 day, hrs or 15 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frostburg Md.

PARENTS

10 NAME OF FATHER Louis Bachman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frostburg Md

12 MAIDEN NAME OF MOTHER Josephine Novak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Father

(Address)

Filed JUN 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to June 13, 1932

that I last saw [illegible] alive on June 13, 1932

and that death occurred, on the date stated above, at 9 Hrs 7 m

The CAUSE OF DEATH* was as follows:

Primature birth

(5 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds. —

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wm. J. Swingler M. D.

June 13, 1932 (Address) 700 E. Fratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Rehrer Lake Board

DATE OF BURIAL June 14 1932

20 UNDERTAKER Commissioner Health.

ADDRESS

Registrar 7008 Huntington Williams, M.D.

AACo. 5-31 250B

E 80590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80590

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Rose St. 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Carfora

(a) Residence: No. 927 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Carfora

6. DATE OF BIRTH (month, day, year) Aug 28, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Affanita

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mendroni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angela Carfora (Address) 927 N. Rose st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 16. 1932

19. UNDERTAKER Frank V. Pifitone (Address) 2818 E. Balto St

20. ... Registrar.

1 41932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932 to June 13, 1932

I last saw her alive on June 13 1932 death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	about Apr. 1932 first Symptoms

Other contributory causes of importance:
Myocardial Insufficiency

Name of operation None Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. D. Tripoli, M. D.

(Address) 132 W. Lombard St

AaCo. 5-31-250B

E 80591 HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 80591

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 19-27 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Floyd Riddick

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-2-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kato, Md

FATHER

13. NAME David Riddick
14. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

MOTHER

15. MAIDEN NAME Lemuel Lula Smith
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lemuel Lula Riddick
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19 .....

19. UNDERTAKER [illegible] Smith.
(Address) [illegible]

20. Filed ..... 19 ..... Registrar.

1-4 1932 7006

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1932, to 6-7, 1932
I last saw h[illegible] alive on 6-7 1932 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical ~~and the other~~ an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. B. Butler M. D.
(Address) Provident Hospital

M. D. B. 1268-9

E80592 ✓ E80592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital 13-54 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Walman

(a) Residence: No. 723 Lenox St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Saloman Walman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York U. S. A.

FATHER
13. NAME Aaron Rosenthal
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Cecelia
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul C. Walman
(Address) 723 Lenox st

18. BURIAL, CREMATION, OR REMOVAL
Place Bath Hebrew Date 6-16 193

19. UNDERTAKER Jack Levin Inc
(Address) 1432 Eutaw St

20. FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28 1932 to June 14 1932
I last saw h[illegible] alive on June 14 1932. Death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

Pemphigus — Date of onset Chronic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. B. Kirsh M. D.
(Address) Sinai Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M & T.—100 B—50L

E 80593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80593

CERTIFICATE OF DEATH

001

164

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1262 Glyndon Ave. ST. 21-29 WARD)

2-FULL NAME Felix Szyszkowski.

(a) RESIDENCE NO. 1262 Glyndon Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ---- ds. How long in U. S., if of foreign birth? 20 yrs. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a If married, widowed or divorced HUSBAND of Stella Szyszkowski.

6 DATE OF BIRTH (month, day, and year) May 15, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	0	29 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Adam Szyszkowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Kolosi.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Stella Szyszkowski. (wife)

(Address) 616 S. Broadway.

15 Filed 6/14 1932 Huntington Williams M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt X Coroner, M. D.

6/14/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 6/15/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 80594

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 360 Drew St. 26-37 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Halobeck

(a) Residence: No. 360 Drew St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Eick

6. DATE OF BIRTH (month, day, year) Oct. 19, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph F. Halobeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Catherine Halobeck
(Address) 360 Drew St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 17, 1932

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 1334 Pennsylvania Ave.

Huntington Williams, M.D.
Registrar.

JUN 14 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to June 13, 1932.

I last saw him alive on June 13, 1932. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas.	
Uraemia.	

Other contributory causes of importance:

Name of operation, ... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Abram Freud, M. D.

(Address) 316 Medical Arts Bldg.

M. D. B. 1268-9

80595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80595

CERTIFICATE OF DEATH

140

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St. 6-10 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorthea Emily Hurtt

(a) Residence: No. 2447 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph E. Hurtt

6. DATE OF BIRTH (month, day, year) July 13/1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter E. Spink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie E Schuette

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs Minne E. Spink
(Address) 2424 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 17. 1932

19. UNDERTAKER Geo. C. Willis & Son
(Address) 2534 Jefferson St.

20. [illegible] Hamilton Village, Md.

JUN 14 1932

Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Puerpal Sepsis-incomplete Abortion	
(Self induced by drugs)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H Keen ... Coroner . M. D.

(Address) 508 E Lanvale

M. D. B. 1268-9

E 80596 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 80596

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 62

CITY OF BALTIMORE: (No. Baltimore St. Ward) W-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (or) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Stewart

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Balto City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Cem Date June 15. 1932

19. UNDERTAKER Samuel J. Kennedy

(Address) 318 N Bridle St

20. Filed 6-14-1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/1932

22. I HEREBY CERTIFY, That I attended deceased from 6/9/1932 to 6/10/1932

I last saw h[illegible] alive on 6/10/1932 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	April? 1932
Cardiac failure	June 10 1932
Other contributory causes of importance: Inanition	
Chronic alcoholism	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Blks.

E 80597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 80597

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 307 Mosher St. St 14-20 WARD)

2-FULL NAME Jno. H. Evans

(a) RESIDENCE NO 307 Mosher St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male Female	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Evans

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer) 023
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER William H. Evans
11 BIRTHPLACE OF FATHER (city or town) Anne Arundel Co
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Lucilla Barnett
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mamie Evans
(Address) 307 Mosher St.

15 Filed 6-14-1932 Huntington Williams, N.P. Registrar
Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1932

17
I HEREBY CERTIFY, That I attended deceased from
May 7 . 1932 . to June 12 . 1932
that I last saw h— alive on June 11 . 1932
and that death occurred, on the date stated above, at 7.55 P. m.
The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis

(Duration) 1 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. N. Vetterlein M. D.
. 19 (Address) 87 Hamilton Ter

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathay Cemetery — DATE OF BURIAL: June 15 1932

20 UNDERTAKER: Archibald A. Stubbs — ADDRESS: 1848 Mc Culloh

41932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80598

80598

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3165 Lyndale St., 8-40 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Valeria Jane Lent

(a) Residence: No. 3165 Lyndale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H Lent.

6. DATE OF BIRTH (month, day, year) 5-1-1859.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	1	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 10-1-1931

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

FATHER

13. NAME Lake Brannell

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

MOTHER

15. MAIDEN NAME Valeria McGuire

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

17. INFORMANT Gertrude Colwell

(Address) 1808 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 16, 1932

19. UNDERTAKER J. Wm F Denny

(Address) 915 Fifth St

20. Filed JUN 14 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13- 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1 1931 to June 13 1932

I last saw her alive on June 11- 1932 Death is said to have occurred on the date stated above, at 4.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	several years
Other contributory causes of importance:	
Toxemia	2 mos

Name of operation not any Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify how?

(Signed) T. H. Buxton, M. D.

(Address) 301 E Cross St

AACo. 5-31 250B

80599 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80599

56

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 McCulloh St. 13-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or, town where death occurred 59 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Holmes

(a) Residence: No. 2313 McCulloch St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Holmes

6. DATE OF BIRTH (month, day, and year) July 27-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Emma Holmes
(Address) 2313 McCulloch St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 6/17 1932

19. UNDERTAKER Samuel Hensley
(Address) 75 N. Eden St.

20. FILED JUN 15 1932 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1931, to 6-13, 1932

I last saw h. alive on 6-13 1932 death is said to have occurred on the date stated above, at 1:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Contributory (Rheumatic fever (acute))	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Luther C. Firth, M. D.

(Address) 1409 Edmondson Ave.

80600 Mc Grane E 80600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fay Mc Grane

(a) Residence: No. 93 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/22/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	1	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME William Mc Grane.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Ellis.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Wm. Mc Grane. (Address) 93 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cemetery Date June 17, 1932

19. UNDERTAKER Edward W Coughlin (Address) 924 Eden St.

FILED JUN 15 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1932 to 6/15, 1932

I last saw her alive on 6/15, 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Meningitis (no organism found). Coma

Date of onset

Other contributory causes of importance:

Convulsions

Name of operation None. Date of

What test confirmed diagnosis None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon D. Cramer, M. D.

(Address) Union Memorial Hosp.

M. D. R. 1288-7

E 80601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80601

CERTIFICATE OF DEATH

93004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Quinn

(a) Residence: No. 1214 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Quinn

6. DATE OF BIRTH (month, day, year) Aug 11-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Quinn

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lena Hoare

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT S. Vernon Quinn

(Address) 3821 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 6/17/32

19. UNDERTAKER A. Jones

(Address) 1st Gilmor St

FILED JUN 17 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h. alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eugene Feller M. D.

Coroner

(Address) 2134 Eastern Ave.

Instructions on back of certificate.

M. D. B. 1268-9

E 80602

E 80602 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 31-54

Registered No. 82-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Joseph Wurtzburger

(a) Residence: No. Riviera Apt Linden Ave and St., Lake Shore Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie M Wurtzburger

6. DATE OF BIRTH (month, day, year) Oct 15, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ansel Wurtzburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Goldsmith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Joseph Wurtzburger

(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date June 16, 1932

19. UNDERTAKER Harid Goodkind & Son

(Address) 1902 Eutaw Place.

20. FILED JUN 17 1932 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1932 to 6/14, 1932

I last saw him alive on 6/14, 1932 Death is said to have occurred on the date stated above, at 1:27 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis with recent thrombosis	6/6/32

Other contributory causes of importance:

Name of operation Craniotomy Date of 6/10

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John S. Fowler, M. D.

(Address) 1211 Mon. St.

OCCUPATION is very important. See instructions on back of certificate.

80603 E 80603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓93-003

Registered No. 27-54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 South Road St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustave Goodman

(a) Residence: No. 2304 South Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny L. Goodman

6. DATE OF BIRTH (month, day, year) July 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Aaron Goodman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosalie Behrend

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. G. Goodman
(Address) 2304 South Road

18. BURIAL ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Date June 15 1932

19. UNDERTAKER Harrid Sonnheim & Son
(Address) 1902 Eutaw Place

20. FILED JUN 15 1932 Huntington Williams N.P.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1931, to June 13, 1932

I last saw him alive on June 12 1932 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Coronary Thrombosis	June 8, 32
Angina	6/8/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Abraham Goodman M. D.

(Address) 817 Park Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 80604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 80604

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) No. 2217 Lynchard St. (Ave 22 WARD)

2-FULL NAME Lillie E. Taylor

(a) RESIDENCE. (Usual place of abode) No. 3329 N. Lanvale St., WARD.

Length of residence in city or town where death occurred 20 yrs 48 mos 23 ds 16 How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bayard E. Taylor

6 DATE OF BIRTH (month, day, and year) March 29, 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
48	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Hench

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaretha Hench

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bayard E. Taylor

(Address) 2020 W. Baltimore, Md.

JUN 15 1932

Reg. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to June 15, 1932, that I last saw h[illegible] alive on June 15, 1932, and that death occurred, on the date stated above, at 6 10 P m.

The CAUSE OF DEATH* was as follows:

I. Chronic Cardiac

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Influenza of

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hagen, M. D.

June 15 1932 (Address) 3909 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL June 18 32

20 UNDERTAKER Robert S. Little ADDRESS 2728 Edmondson Ave

This is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80605 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80605

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Dudley Ave. St., 26-40 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Butler

(a) Residence: No. 3105 Dudley Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Butler

6. DATE OF BIRTH (month, day, year) Mar. 4, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	85	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co., Va.

FATHER

13. NAME Lemuel Douglas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Wm. T. Charnock
(Address) 3105 Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 16, 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED JUN 15 1932 Huntington Willis, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 13, 1932

I last saw h e alive on June 13, 1932 Death is said to have occurred on the date stated above, at 6.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus	6/1/32
Other contributory causes of importance:	
Myocarditis senility	2 yrs?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Herm G. Voigt, M. D.

(Address) 510 Edmondson Rd

M. D. B. 1268-9

80606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80606

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-31 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edison Bunting

(a) Residence: No. 1439 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Bunting

6. DATE OF BIRTH (month, day, year) Dec 30 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	52	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Managers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME E. Lamartine Bunting

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Robert Bunting

(Address) 1439 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date June 16 1932

19. UNDERTAKER John F. Deluny

(Address) 715 Light St

20. FILED JUN 15 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to June 14, 1932

I last saw him alive on June 14, 1932 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6/5/32
Broncho-Pneumonia	6/13/32
~~Heatstroke~~	
Ureter Calculus (Right)	5/23/32
Hydronephrosis (Right)	5/23/32

Other contributory causes of importance:

Congenital aplasia of left kidney

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry P Shelley M. D.

(Address) University Hosp

M. D. B. 1265-9

E 80607 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E80607.

CERTIFICATE OF DEATH

V/30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Rutland Ave St.; 8-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel R. Distance

(a) Residence: No. 1118 Rutland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Distance

6. DATE OF BIRTH (month, day, year) ... 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER

13. NAME Louis Distance

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

MOTHER

15. MAIDEN NAME Martha Hicks.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Distance

(Address) 1118 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date June 15, 1932

19. UNDERTAKER Mrs. R. G. Elliott

(Address) 1920 Rutland Ave.

Filed JUN 15 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 11, 1932

I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Ac. Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hanna M. D.

(Address) 6 E. Lexington

M. D. B. 1268-9

0608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 0608

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Odessa Trower

(a) Residence: No. 1720 McCubbin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Melvin Trower

6. DATE OF BIRTH (month, day, year) March 3/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Church, Va.

FATHER

13. NAME Samuel Higgins

14. BIRTHPLACE (city or town) (State or country) Falls Church, Va.

MOTHER

15. MAIDEN NAME Ida Bowman

16. BIRTHPLACE (city or town) (State or country) Falls Church, Va.

17. INFORMANT (Address) Melvin Trower 1720 McCubbin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date June 15, 1932

19. UNDERTAKER (Address) Wm. P. G. Elliott 1725 Eastlend ave.

20. FILED JUN 15 1932, 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11/32 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, 10.40 A.M.

The principal cause of death and related causes of importance were as follows:

Arsphenamine Poisoning — Date of onset

Other contributory causes of importance:

Acute Yellow Atrophy Liver

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Mallon, M. D.
Coroner

(Address) 508 E. Fort Ave.

M. D. B. 1268-9

E 80609 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80609

E 81613

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 313 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Vince

(a) Residence: No. 815 Rutland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Vince

6. DATE OF BIRTH (month, day, year): 9-23-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (37)

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S Car

FATHER

13. NAME: Oliver Wilson

14. BIRTHPLACE (city or town) (State or country): S Car

MOTHER

15. MAIDEN NAME: Nancy Wilson

16. BIRTHPLACE (city or town) (State or country): S Car

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Pimlico Date June 16 1932

19. UNDERTAKER (Address): Mrs. R. A. Elliott 1225 Eastern Ave

Hunting for Witness, J-516

JUN 15 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3 1932 to June 14 1932

I last saw her alive on June 14 1932. Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema - pneumococcus type IV	5-3-32
Hematologic neoplasia	5-20-32
Bronchopneumonia	?

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) Alan Benson M. D.

(Address) Johns Hopkins Hospital

INSTRUCTIONS: Fill in every item. See instructions on back of certificate.

Spec. 8-30 — 250 Bks.

E 80610

E 80610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 S. Lakewood St. 1-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna S. Rehbein

(a) RESIDENCE NO. 829 S. Lakewood St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓		10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Rehbein

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Piasecka

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Edward Rehbein
(Address) 829 S. Lakewood ave

15 Filed JUN 15 1932 19 Huntington Williams, M.D.
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 1932

17

I HEREBY CERTIFY, That I attended deceased from 6/2/32, 19 , to 6/14, 19 32

that I last saw h alive on 6/8/32, 19 32

and that death occurred, on the date stated above, at 8:30a m.

The CAUSE OF DEATH* was as follows:

Dysentery a

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Harold A Drake M. D.

1932 (Address) 3165 Patapsco

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul Cem

DATE OF BURIAL June 15 1932

20 UNDERTAKER Stephen J Fialkowski INC ADDRESS 1000 S. Conkling

AdCo. 5-11 2608

80611

HEALTH DEPARTMENT—CITY OF BALTIMORE

80611

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N Inwood St., 7-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Willumsen

(a) Residence: No. 817 N Inwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Christian B

6. DATE OF BIRTH (month, day, year): Sept 12-1873

7. AGE: 58 Years | Months: 9 | Days: 0 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Christian Engelbach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Breinen

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Christian Willumsen
(Address) 817 N Inwood

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Cem Date: June 16 1932

19. UNDERTAKER: C J Dietrich Son
(Address) 1516 Gilmor Ave

20. Filed: 6-19-1932 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1932 to June 13, 1932
I last saw h... alive on June 13 1932 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	Jan 1932
	Jan 1. 32

Other contributory causes of importance:

Cardiac Exhaustion	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Rey Daniel M. D.
(Address) 801 N Inwood Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 80612

E 80612

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 938 N. Bentalou ST. 16-68 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Chambers Lyons

(a) RESIDENCE NO. 938 N. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Benjamin Lyons

6 DATE OF BIRTH (month, day, and year) Dec 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0"37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Joseph R. Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mattie Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) John B. Lyons 938 N. Bentalou St

15 Nov 15 1932 Washington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931 to June 14, 1932, that I last saw her alive on June 14, 1932 and that death occurred, on the date stated above, at 5.50 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast following malignancy of left breast

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Metastases from Breast (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1926

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Thos H Kilduffe M. D.

, 19 (Address) 1906 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL June 16 1932

20 UNDERTAKER Wm. J Tickner & Son — ADDRESS Mt Pa Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80613

CERTIFICATE OF DEATH

48

E 80613 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 East 39th St. 12-49 Ward)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Martini

(a) Residence: No. 7 East 39th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Murray K. Martini

6. DATE OF BIRTH (month, day, year) Feb. 15, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph H. Penty

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Emma May

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Mrs. J. H. Penty
(Address) 7 East 39 St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 16. 1932

19. UNDERTAKER W. Maurice Kirstow
(Address) 2235 W. North Ave.
Huntington Hollows, Md.

51932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1931 to June 14. 1932

I last saw her alive on June 14. 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri Progressive.	1931.
Other contributory causes of importance: Cardiac Dilation & Exhaustion	1932

Name of operation Hysterectomy & Curettement Date of 1931

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Walter C. Blake M. D.

(Address) 719 Med. Arts Bldg

M. D. B. 1265-9

E 80614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80614

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 13-57 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Smith.

(a) Residence: No. ~~13~~ 1537 W. 36th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-6-32.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	✓	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emma Rutherford

16. BIRTHPLACE (city or town) (State or country) Frd. Co. Md.

17. INFORMANT Balto City Hospitals
(Address) Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date June 15 19 32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] June 15 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-6-32 19 . to 6-15 19 32

I last saw h[illegible] alive on 6-15 19 32 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	5-6-32

Other contributory causes of importance:

Premature Birth

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lutrell P. Lisle M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 80615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80615

CERTIFICATE OF DEATH

Registered No. X 127

1. PLACE OF DEATH University Hospital St., 4-30 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Enid Posey

(a) Residence: No. Della St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND (or) WIFE Harrison R. Posey

6. DATE OF BIRTH (month, day, year) June 23 1900

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	31	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis A. Bewley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Lowe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ida Bewley mo.
(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Westley Cem. Date June 18 1932

19. UNDERTAKER Easton Bros.
(Address) Ellicott City, Md.

Huntington, W. Va.

19 ... G. C. H. Registrar.

JUN 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/13/32 to 6/15/32 1932

I last saw h-e alive on 6/15/32 1932. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic Hepatitis — Date of onset 6/11/32

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Harry B. Shelley M. D.

(Address) University Hospital

M. D. B. 1268-9

80616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH E 80616

Red. 157-

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-9 St., Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Price, 3rd

(a) Residence: No. Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) April 4 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 1/2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Forestville Md. Date June 7, 1932

19. UNDERTAKER Leo J. Cullinane
(Address) Forestville, Md.

JUN 15 1932 Hampton Williams, M. D.
Registrar.
Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 15, 1932

Last saw he alive on June 13, 1932 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tylorie Stenosis	5-10-32
Gastric Shock	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 80617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 80617

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4610 Roland Ave St. 27-53 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 74 yrs. ..... mos. ..... ds.

2. FULL NAME James Henry Brady

(a) Residence: No. 4610 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Taylor Hunter Brady

6. DATE OF BIRTH (month, day, year) January 2, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired grocer

10. Date deceased last worked at this occupation (month and year) Dec 1910

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) Cork (State or country) Ireland

FATHER

13. NAME Patrick Brady - stepfather Mother - Father

14. BIRTHPLACE (city or town) Cork (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine O'Rourke

16. BIRTHPLACE (city or town) Cork (State or country) Ireland

17. INFORMANT Leo Brady

(Address) Medical Arts Building

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 16, 1932

19. UNDERTAKER Henry F. Sukeig Sons McCulloh & Orchard St

(Address) Huntington, West Virginia

20. FILED 6-15-1932 J. B. O. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to June 14, 1932

I last saw him alive on June 14, 1932 Month is said to have occurred on the date stated above, at 8.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	April, 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leo Brady, M. D.

(Address) Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80618 E 80618

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Harview Avenue St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Samuel Bachtell

(a) Residence: No. 3010 Harview Avenue St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Simpson Bachtell

6. DATE OF BIRTH (month, day, year) November 22, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R. R.

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Shamburg Pennsylvania

FATHER

13. NAME Daniel S. Bachtell

14. BIRTHPLACE (city or town) (State or country) Caretown Maryland

MOTHER

15. MAIDEN NAME Sarah Richardson

16. BIRTHPLACE (city or town) (State or country) Holden Missouri

17. INFORMANT Mrs. P. J. McCann

(Address) 3010 Harview Avenue

18. BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date June 16, 1932

19. UNDERTAKER Joseph L. Cook

(Address) 1003 W. Baltimore St.

151932 Hampton Williams M.D. Registrar.
H. Fax Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932 to June 13, 1932

I last saw him alive on June 13, 1932 death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anemia	1 Month

Other contributory causes of importance:

Tuberculosis Pulmonary	
Gastric Hemorrhage	May 29

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. No

(Signed) Edward Evans, M. D.

(Address) 612 W. 40th St.

M. D. B. 1268-9

80619 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80619

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Ford

(a) Residence: No. 45-3 Maple Ave St., ... Ward. Grafton - W - Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O - 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation W - Va -

12. BIRTHPLACE (city or town) (State or country) W - Va -

FATHER

13. NAME Charles Ford

14. BIRTHPLACE (city or town) (State or country) W - Va -

MOTHER

15. MAIDEN NAME Mary Lugo

16. BIRTHPLACE (city or town) (State or country) W - Va -

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Grafton W. Va Date June 17 1932

19. UNDERTAKER W. D. Tuckwiller & Sons

(Address) Wall & Penn Ave

20. FILED JUN 15 1932 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31 1932 to June 15 1932

I last saw him alive on June 15 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia ?	Jan 32
Other contributory causes of importance: Osteomylitis of jaw.	March 31

Name of operation ..... Date of .....

What test confirmed diagnosis Blood studies Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80620

CERTIFICATE OF DEATH

97-80

E 80620

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W Randall St. 97-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Opple

(a) Residence: No. 116 W. Randall St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A Opple

6. DATE OF BIRTH (month, day, year) April 1st 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Thompson Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Opple

(Address) 116 W Randall.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date June 15 1932

19. UNDERTAKER A. Randall Evans

(Address) 38 E Hoffman Ave

Huntington Miller M.D. Registrar.

6 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to June 15th 1932

I last saw him alive on June 15-32 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Jan 10-32

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Whetzel M. D.

(Address) 1279 Millcarn St

AaCo. 5-31 250B

E 80621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 80621

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1729 Homestead St. (Ward) 4-46

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Harper

(a) Residence: No. 1729 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathaniel Harper

6. DATE OF BIRTH (month, day, year) ? 1880

7. AGE: Years 52; Months; Days; If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

FATHER

13. NAME Joseph H Brack
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Fletcher
16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Nathaniel Harper (Address) 1729 Homestead St

18. BURIAL, CREMATION, OR REMOVAL Place Antioch Md Date 6/16 1932

19. UNDERTAKER J. B. Nelson & Son (Address) Huntingdon Ave & W. N. Y. Registrar

20. Filed , 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931 to June 15, 1932

I last saw h[illegible] alive on June 14 1932 death is said to have occurred on the date stated above, at 1[15] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Cervix Uteri)	July 1930
Other contributory causes of importance: Myocarditis Hypostatic Pneumonia	June 11/32

Name of operation None Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury [illegible] and any related to occupation of deceased? No If so, state

(Signature) D. Hundley M. D.

(Address) 44 36 20 St Balto Md

5-1032

Spec.—2-29-28—L. F. S.—500 Bks.

E 80622

E 80622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 467

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l ST. (or HOSP. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. H. Teeter

(a) RESIDENCE NO. Elkton, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~)

6 DATE OF BIRTH (month, day, and year) Oct 20, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	62	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Educator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt. Carmel, Del.

PARENTS

10 NAME OF FATHER James Teeter

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Hitt.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Hospital Records.

(Address)

15 Filed NOV 16 1932, Huntingtown, Delaware, N.J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1932

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to June 16, 1932

that I last saw him alive on June 16, 1932

and that death occurred, on the date stated above, at 3:10 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac - Renal

Insane (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of 6/13/32

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Herbert X. Crumbine, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery. Md.

DATE OF BURIAL June 19 1932

20 UNDERTAKER R. W. Pippin

ADDRESS Elkton.

E 30623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30623

CERTIFICATE OF DEATH

V 94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 St Paul St. 12-19 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Shaler Hodges

(a) Residence: No. 1726 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) P. H. Hodges

6. DATE OF BIRTH (month, day, year) July 14th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	67	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Electric

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York N. J.

FATHER

13. NAME Rev. J. B. Hodges

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lucy Scholes

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) Mrs. P. H. Hodges 1726 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 17th 1932

19. UNDERTAKER (Address) Henry J. Jenkins & Co. 1726 St Paul St

Huntington Williams N.D. Registrar

FILED JUN 18 1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 16, 1932

I last saw him alive on June 16, 1932, death is said to have occurred on the date stated above, at 12 39 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (year) if
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E Bowing, M. D.

(Address) 1733 Linden Ave

80624—100 B—50L

M E 80624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. (St.) (Ward) 20-70

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Glegor Yovanos Kufalos.

(a) RESIDENCE NO. 3331 Leeds Ave. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State) Greece.

Length of residence in city or town where death occurred 0 yrs. 10 mos. —— ds. How long in U. S., if of foreign birth? 5 yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Nastaso Kufalos.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greese.

PARENTS

10 NAME OF FATHER Yonan Kufalos.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greese.

12 MAIDEN NAME OF MOTHER Staivo -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greese.

14 Informant Chris Kufalos. (brother)

(Address) 3215 Leeds St.

15 Filed JUN 16 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck by engine of Pa. R. R. Co.
Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Pa. R. R. tracks Frederick Av

Did an operation precede death? June 7, 1932 Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? No.

Inquiry

(Signed) Walter Steinhardt, M. D. Coroner

6/15/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 6/18/32 19

20 UNDERTAKER George J. Roth Funeral Director

ADDRESS 733 Hanford

Instructions on back of certificates.

E 80625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80625

178-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 Hollins St. ST. 14-28 WARD

2-FULL NAME William H.H.Crum.

(a) RESIDENCE NO. 1717 Hollins St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of ~~XXXXXXXXX~~ Fannie Crum.

6 DATE OF BIRTH (month, day, and year) February 28, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ....min.
✓	60	3	16 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer): Pa.R.R.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: Frederick Crum.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Sarah A.Thompson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Fannie Crum.(wife)

(Address): 1408 Aiscuith St.

15 Filed 1932 192 Huntington, Williams N.J. Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental illuminating gas poisoning

Acute alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. H. Weinhardt, M. D. Coroner

6/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Monrovia Cem. Frederick Co. Md.

DATE OF BURIAL: 6/18/32 19

20 UNDERTAKER: George J. Ruth & Son

ADDRESS: 935 Hanover

See instructions on back of certificates.

E 80626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80626

186-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry H. Hyman

(a) Residence: No. 2038 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Construction

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Hyman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Louise Amick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Samuel Hyman (Bro)
(Address) 2038 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 16, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5. A.M.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage
Rt temporal fracture of skull
Fell on side walk North Ave & Caroline St.

Date of onset

Other contributory causes of importance:
Reported Epilepsy

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 108 E. Fronkam

M. D. B. 1268-9

E 80627

E 80627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Ridgewood Rd. St., 27-53 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Norris

(a) Residence: No. 212 Ridgewood Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Howard Norris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Poole

(Address) 212 Ridgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster, Md. Date June 16, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JUN 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1927 to 6-14, 1932

I last saw h S R alive on 6-14, 1932 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	6-1-32
ARTERIOSCLEROSIS	[redacted]
HYPERTENSION	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 1129 N Paca St

80628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80628

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Keswick Rd St. 13-52 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Weaver

(a) Residence: No. 3302 Keswick Rd St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Weaver

6. DATE OF BIRTH (month, day, year) Apr 3 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	92	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Jacob Weaver
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Long
(Address) 3302 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 16 1932

19. UNDERTAKER J. S. Marshall
(Address) 1539 Eutaw Place

20. FILED June 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932 to June 14, 1932

I last saw him alive on June 14 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular disease	2
Other contributory causes of importance: Pulmonary edema	

Name of operation — Date of —

What test confirmed diagnosis? Ay Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) H. H. Smith M. D.

(Address) 3429 Chestnut Ave

1161

M. D. H. 1268-a

E 80629

E 80629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ....yrs. 2 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George W. Johnson

(a) Residence: No. Hughesville, Md. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Century —

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Century —

14. BIRTHPLACE (city or town) (State or country) Century

MOTHER

15. MAIDEN NAME Unk —

16. BIRTHPLACE (city or town) (State or country) Unk —

17. INFORMANT Hospital Records
(Address) University Hosp

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet 6/17/32
Place Date

19. UNDERTAKER Andrew J. Ennis
(Address) Funeral Director

Registrar.

6/16/1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to June 14, 1932

I last saw him alive on June 14, 1932. Death is said to have occurred on the date stated above, at 6:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene of left foot	Jan 1932
Gangrene of stump of left leg after amputation	5/26/32
Other contributory causes of importance: Arteriosclerosis	1920
Lues	?

Name of operation Amputation of left leg Date of 5/26/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Emil J. C. Hildenbrand M. D.

(Address) University Hospital

M. D. H. 1268-9

E 80630

E 80630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1314

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 W. Hollins St., 8-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie W. Christopher

(a) Residence: No. 2208 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Richard A. Christopher

6. DATE OF BIRTH (month, day, year) Feb 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 70	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F. Black

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Warner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Richard A. Christopher
(Address) 2208 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place of Greenmount Date 6/16/32

19. UNDERTAKER Philip Stang
(Address) 2016 Eastern Ave.

20. FILED 1932 Timothy [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1931 to June 14 1932

I last saw h[illegible] alive on June 14 1932. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	June 5 '32
Other contributory causes of importance: Arteriosclerotic Cardio-vascular Renal Disease	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1331 E. Monument

Spec. 1-10-21 MAT 1500 Blks.

E 80631 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80631

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Valley View Ave., Raspeburg ST., 26th WARD) REGISTERED NO. 36-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patricia Lee Dettor

(a) RESIDENCE NO. 4300 Valley View Ave., Raspeburg, Md. ST. 26th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22, 1931

7 AGE: Years — Months: 11 — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Ralph V. Dettor

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Thompson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Ralph V. Dettor (Address) 4300 Valley View Ave.

15 Filed JUN 16 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to June 14, 1932, that I last saw her alive on June 14, 1932, and that death occurred, on the date stated above, at 9P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, right upper lobe.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Wilkinson, M. D.

6/15. 1932 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London PK. DATE OF BURIAL 6/17 1932

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St., City

See instructions on back of certificates.

M. D. H. 1268-9

E 80632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80632

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 E. Oliver St. 8-16 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Holley

(a) Residence: No. 2410 E Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Holley

6. DATE OF BIRTH (month, day, year) Aug 31/ 86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	70	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Sellers

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Isabella Holley

(Address) 2410 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 18, 1932

19. UNDERTAKER Phelps Funeral Home

(Address) 2446 Eastern Ave.

20. FILED JUN 16 1932 Huntington Williams, M.D. Registrar.

Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to June 14, 1932

I last saw her alive on June 13, 1932. Death is said to have occurred on the date stated above at 6.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation and Uraemia	5 days

Other contributory causes of importance:

Cystitis Pneumothorax	6 yrs
Severe Arteriosclerosis	6 yrs
Chronic Interstitial Nephritis	6 yrs

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert A. Levitan, M. D.

(Address) 2025 E. Baltimore St.

1-30—M & T.—100 B—50L

E 80633

E 80633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. Collington Ave. St. 6-10 Ward)

REGISTERED NO. 164-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Close

(a) RESIDENCE No. 504 W. Collington Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Close

6 DATE OF BIRTH (month, day, and year) Feb 1/1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	72	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Theobald Close

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Buchter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Close

(Address) 504 W. Collington Ave

15 Filed JUN 16 1932 Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning
Put head in gas range oven- with gas on
Suicide
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? no

(Signed) [signature], M. D. Coroner

6/14/32 (Address) 508 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL June 16 1932

20 UNDERTAKER Philip Sturz

ADDRESS 2016 Eutaw St

JN 161932

Spec.—9-30—A & Co.—250 Bks.

E 8Q634

E 8Q634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 59 ✓

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary 6-9 WARD)

2. FULL NAME George Washington Unglaub

(a) RESIDENCE NO. 406 E Howell Ave. (Alexandria, Virginia)
(Usual place of abode) ST. WARD (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	56	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Roma R. R.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John M. Unglaub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant H. C. Unglaub
(Address) 406 E. Howell Ave Alexandria Va

15 Received UN 16 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15/32

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 15, 1932

that I last saw h alive on June 15, 1932

and that death occurred, on the date stated above, at 5 00 P m

The CAUSE OF DEATH* was as follows:

Diabetes & gangrene of right leg

(duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) 2 yrs. 2 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 13, 1932

Was there an autopsy?

What test confirmed diagnosis? Blood & urine examination Autopsy, Surgical Exam.

(Signed) J. Grenville Kemp M. D.

6/15, 1932 (Address) The Church Home & Inf.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk

UNDERTAKER Philip Herwig

DATE OF BURIAL 6/18 1932

ADDRESS 2016 Eutaw

Spec.—1-12-23—M&T—500 Blks.

80635

E 80635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2328 Elling ST., 13-59 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Spralling

(a) RESIDENCE NO. 2328 Elling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Spralling

6 DATE OF BIRTH (month, day, and year) Oct. 7-80

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer George Bass

9 BIRTHPLACE (city or town) (State or country) Raleigh N. C.

PARENTS

10 NAME OF FATHER Thad. Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Raleigh N. C.

12 MAIDEN NAME OF MOTHER Mary Williamson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Raleigh N. C.

14 Informant (Address) James Spralling 2328 Elling

15 Filed JUN 15 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1932

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 14, 1932

that I last saw h[illegible] alive on June 14, 1932

and that death occurred, on the date stated above, at 6 20 A.M. P.M.

The CAUSE OF DEATH* was as follows:

1. Pernicious Anaemia

(duration) yrs. mos 1/4 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Wheatley, M. D.

(Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL June 17 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 3503 Freetman St

80636 E 80636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 Stockton St. 16-23 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter J Coates

(a) Residence: No. 1112 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Walter Wallace Coates

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Wallace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Coates, Mother
(Address) 1407 Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 18, 1932

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Preston St

FILED June 18 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1932 to 6/14, 1932

I last saw him alive on 6/14, 1932 death is said to have occurred on the date stated above, at 3:20 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy & Paralysis — Date of onset

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Mitchell Clark M. D.
(Address) 1115 Eutaw

M. D. R. 1268-9

80637

E 80637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 16-68 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hyland

(a) Residence: No. 2002 Raynor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	70 ?		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned, City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James H Hyland

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Parsons

16. BIRTHPLACE (city or town) (State or country) ? Balto Md

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date June 16 1932

19. UNDERTAKER Chas H Powell
(Address) 2904 Edmondson Ave

FILED June 16 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 13, 1932

I last saw him alive on June 13, 1932 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	[illegible]
Arteriosclerosis,	[illegible]
Bronchopneumonia	June 1 1932
Cerebral Hemorrhage	[illegible]
Other contributory causes of importance:	
Hypostatic Congestion	[illegible]
Hypertension	"

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Jas Glover M. D.

(Address) Balto. City Hos.

E 80638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80638

CERTIFICATE OF DEATH

1084

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Druham St. 7-13 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Estelle Griffin

(a) Residence: No. 1011 Druham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Griffin

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Laws Barne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa Duffy
(Address) 1011 Druham St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Ca vel Date June 16 1932

19. UNDERTAKER Milton Davis
(Address) 433 N Eden St.

20. FILED ..... 19..... Registrar.

6-7932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 12, 1932

I last saw h alive on June 12 1932 death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	June 7 32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. H. 1268-9

80639 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-00 E 80639

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 1-1 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Hilker

(a) Residence: No. 918 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9.32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick Hilker

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Evelyn Creagh

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Frederick Hilker
(Address) 918 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 17 1932

19. UNDERTAKER Wm. J. Miller & Son
(Address) 2334 Huntington Ave Baltimore, Md.

JUN 16 1932

... Registrar
... Licensed Embalmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice of New Born	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Sutton Cairns M. D.
Coroner

(Address) 508 E. Lexington

Spec. L10-31—M&T—1500 Blks.

80640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80640

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3739 E. Lombard. ST., 26-37 WARD

2-FULL NAME Henry Eugene Deteren, (Deterer)

(a) RESIDENCE NO. 3739 E. Lombard ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	W.	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) May 27-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry Deteren

11 BIRTHPLACE OF FATHER (city or town) Bargo,
(State or country) Russia.

12 MAIDEN NAME OF MOTHER Anna Kotchementher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Henry Deteren
(Address) 3739 E. Lombard St.

15 Filed JUN 16 1932 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1932

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 15, 1932,
that I last saw h in alive on June 15, 1932,
and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

a electasis.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? physical signs

(Signed) Allen C. Beetham. M. D.

6-15-1932 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Oak Lawn Cemetery

DATE OF BURIAL
June 16 1932

20 UNDERTAKER
Lilly & Zeiler Inc.

ADDRESS
408 S. Wolfe St

M. D. B. 1268-9

E 80641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80641

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1650 N. Monroe St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cirs Friedman

(a) Residence: No. 1650 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sholom Friedman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isac Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis
(Address) 1432 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Huntington Hill Cem Date 6/16 1932

19. UNDERTAKER Levy Bros
(Address) 1432 E. Baltimore St.

6/16 1932 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16- 1932

22. I HEREBY CERTIFY, That I attended deceased from — 1932 to June 16 1932

I last saw him alive on June 15 1932 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach —	
Chronic Cholecystitis	
Other contributory causes of importance:	
Auricular fibrillation	
Adenoma of thyroid	

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Levy, M. D.

(Address) 844 W. North Ave.

M. D. B. 1268-9

80642 E 80642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21-24 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Hughes

(a) Residence: No. 1323 Scott St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie

6. DATE OF BIRTH (month, day, year): May 6, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Spartenburg Co. S. C.

MOTHER'S FATHER

13. NAME: Wade Henderson

14. BIRTHPLACE (city or town) (State or country): ? S.C.

15. MAIDEN NAME: Mary Ferguson

16. BIRTHPLACE (city or town) (State or country): ? S.C.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Spartenburg S.C. Date June 18, 1932

19. UNDERTAKER Mrs Katy R Williams

(Address) 322 E. Schroeder St

FILED Jun 1932 Stirling Williams, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to June 14, 1932

I last saw him alive on June 14, 1932. Death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 1932
Pneumothorax	

Other contributory causes of importance: .....

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas E Elmore M.D.

(Address) Balto. City Hosp.

E 80643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80643

CERTIFICATE OF DEATH.

23 ✓

1-PLACE OF DEATH 1614 W Franklin

CITY OF BALTIMORE: (No.) 1614 ST. 18-26 WARD 1

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Lockhardt

(a) RESIDENCE NO. 1614 W Franklin ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem

4 COLOR OR RACE Blk

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sinclair Lockhardt

DATE OF BIRTH (month, day, and year) April 11, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	22	2	✓	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home work

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Chas Corwith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Sinclair Lockhardt

(Address) 964 W Franklin St

Filed JUN 1 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13 1932

17 I HEREBY CERTIFY, That I attended deceased from April 1st 1932 to June 13 1932

that I last saw h alive on June 10 1932

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Goldman, M. D.

, 19 (Address) 1614 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL June 16 32

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 322 N Schroeder St

M. D. B. 1268-9

80644 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80644

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W. University Parkway St., 12 Ward)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Fink

(a) Residence: No. 106 W. University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie J. Healy

6. DATE OF BIRTH (month, day, year) Aug. 8, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Henry S. Fink

14. BIRTHPLACE (city or town) ------
(State or country) Pennsylvania

15. MAIDEN NAME Rosanna McSherry

16. BIRTHPLACE (city or town) --------
(State or country) Maryland

17. INFORMANT Thos. S. Fink
(Address) 3804 Greenway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery June 6/17 19 32

19. UNDERTAKER Henry W. Mears & Son
(Address) 205 W. Saratoga St.

JUN 18 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June . 1930 to June 15 . 1932

I last saw h. alive on June 15 . 1932 Death is said to have occurred on the date fixed above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease, + Bronchial Pneumonia

Date of onset: month

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) W. K. Grove . M. D.

(Address) 117 W. Lanvale St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80645

CERTIFICATE OF DEATH

48 E 80645

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 17-26 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Elizabeth~~ Eliz. E. Coleman white

(a) Residence: No. 3277 N. Fremont Ave St., Ward.
(Usual place of abode) 35 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Mar. (9)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-1-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md (?)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) (?)

15. MAIDEN NAME (?)

16. BIRTHPLACE (city or town) (State or country) (?)

17. INFORMANT Hospital Records.
(Address) Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 6-16-32

19. UNDERTAKER Laird Gaston
(Address) Weston Huntington W. Va.

JUN 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-3. 1932 to 6-17 1932

I last saw her alive on 6-17 1932 Death is said to have occurred on the date stated above, at 9-55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laparotomy & Abdominal Wall Mixed Infection	1931 Aug.
Carcinoma Cervix Uteri	1930
Other contributory causes of importance:	
Acute Heart Failure	1 da.
Auricular	

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, how?

(Signed) Luther E. Leuf M. D.

(Address) Balto City Hospitals

Director

E 80646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80646

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 610 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Scherer

(a) Residence: No. 419 N Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13/32

7. AGE	Years	Months	Days	If LESS than 1 day, 17 hrs. or ... min.
	X	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER FATHER

13. NAME Philip Scherer

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Anna Rudt

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT St. Josephs Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Date June 17. 1932

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2224 Gilmor St.

FILED Huntington Williams, N.D.
Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 AM 6/13, 1932, to 6/14/32, 1932

I last saw her alive on 6/14/32, 19.. death is said to have occurred on the date stated above, at 4.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(Asphyxia Livida)	

Other contributory causes of importance:

Born by caesarean section

Name of operation Caesarean Date of 6/13/32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. F. Young M. D.

(Address) St Josephs Hosp Balto.

80647 —100 B—50L

✓ E 80647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-19 × 185

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Pa.R.R.lot Foot of Belvidere St. (WARD)

2-FULL NAME Charles B.Hall.

(a) RESIDENCE NO 3761 Benton St.N.W. Washington, D.C. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Catherine Hall.

6 DATE OF BIRTH (month, day, and year) December 25, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam fitter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Richard J.Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Mary F.Morgan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Mary F.Hall.(mother.)
(Address) 3761 Benton St.N.W. Washington, D.C.

15 Filed June 16 1932. 192 Huntington Williams Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
External Hemorrhage.
Severance of artery in left leg.
Accidental Death.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Otto H. Heinnardt, M. D. Coroner
6/16/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Wash D C

DATE OF BURIAL 6/18 1932

UNDERTAKER Williams Cook

ADDRESS 1217 St Paul

1-30 M 43—100 B—50L

80648

E 80648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2714 Wilkens Ave. ST., 20-64 WARD)

2-FULL NAME Peter R. Allen.

(a) RESIDENCE NO. 2714 Wilkens Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~WIFE of~~ Mary A. Allen.

6 DATE OF BIRTH (month, day, and year) February 18, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tin & sheet iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Allen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Fanny Baker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Joseph Cullen. (son)

(Address) 2714 Wilkens. Ave.

15 Filed JUN 16 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Artero Sclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Steinhardt, M. D. Coroner

6/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 6/17 1932

20 UNDERTAKER: Wareham Cook

ADDRESS: 1441 St Paul

M. D. B. 1268-9

80649 / **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80649

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Scott

(a) Residence: No. Jarrow, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Wincha Bray

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Pa. Date 6/16/32

19. UNDERTAKER John J. Connelly

(Address) East York, Pa.

20. FILED JUN 16 1932 Huntingtown Officer's Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932 to June 15, 1932

I last saw her alive on June 15, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of heart	Birth

Other contributory causes of importance:

Broncho pneumonia	6-11-32

Name of operation ..... Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. S. Anderson, M. D.

(Address) Johns Hopkins Hospital

M. B. R. No. E 80650

216 S. Pd Plan

E 80650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 E. Fayette St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Isreal H. Neuman

(a) Residence: No. 1005 E. Fayette St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Joseph Neuman

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Nessie Zuberer

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Abraham H. Mendelberg

(Address) 1005 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 6/16/32 19

19. UNDERTAKER Jacob Sam Sons

(Address) 1437 E. Baltimore St

FILED JUN 31 1932 Huntington, W. Virginia, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1928 to June 16, 1932

I last saw him alive on June 15, 1932 Death is said to have occurred on the date stated above, at 1045 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/6/32
Chronic Degenerative Myocarditis	1930
Other contributory causes of importance: Chronic Infectious arthritis of nearly all joints	1927

Name of operation None Date of

What test confirmed diagnosis? X-ray (chest) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. M. Miller M. D.

(Address) 1613 E. Baltimore St.

M. D. H. 1268-9

E 80651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80651

CERTIFICATE OF DEATH

173

Registered No. 13-57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Aaronson

(a) Residence: No. 1508 W. 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah (hoffman) Aaronson

6. DATE OF BIRTH (month, day, year) Oct 1,1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Max Aaronson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora Samuelson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Hoffman

(Address) 1508 W. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Shaare Tfiloh Date June 16, 1932

19. UNDERTAKER Sol. Levinson & Bro

(Address) 1127 Baltimore St

FILED JUN 16 1932 Huntington Williams, M.D. Registrar, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw him alive on inquiry ... 19 ... Death is said to have occurred on the date stated above, at 9.50 P.M.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound thru left Temple.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Did injury occur? ... 19 ...

Where did injury occur? 926 E. Monument St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Weis M. D.

(Address) 508 E. Monument Coroner

M. D. B. 1284

80652

E 80652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 22-30 Ward)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Gallery

(a) Residence: No. Cor of Dover & Sutton Sts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Katherine Gallery

6. DATE OF BIRTH (month, day, year) Nov 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Henry Gallery

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary M. Connell

16. BIRTHPLACE (city or town) (State or country) Pittsburgh.

17. INFORMANT Mrs. Katherine Gallery

(Address) 2330 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/18, 1932

19. UNDERTAKER John F. Cowan & Son

(Address) 1981 W. Fayette St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 15, 1932

Last saw h[illegible] alive on June 15, 1932 Death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/11/32
Other contributory causes of importance:	
Broncho-Pneumonia (Bilateral)	6/11/32

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Harry S. Shelley M. D.

(Address) University Hospital

E 80653 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80653

95-002

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 W. Fayette ST., 70-64 WARD)

2-FULL NAME Joseph Malone

(a) RESIDENCE NO. 2128 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 10, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	81	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Retired
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Malone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael McCullough

(Address) 3437 Guilford Terrace

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-renal Disease

(duration) 1 yrs. 3 mos ? ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

6/15, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cem — DATE OF BURIAL 6/17/1932

20 UNDERTAKER John J. Cowan & Son — ADDRESS 901 Hollins

Spec.—1-10-21 M&T 1500 Blks.

80654

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80654

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2060 E. Eager St. (ST.) 7-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Annie Gale

(a) RESIDENCE NO. 2060 E. Eager St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence E. Gale

6 DATE OF BIRTH (month, day, and year) June 24, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	11	219	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John T Flannigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fredrick Md

12 MAIDEN NAME OF MOTHER Mary Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Grace Swarmin

(Address) 3000 Parkside Drive

15 Filed JUN 16 1932 at Huntington & Williams, Nos.

Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931 to June 15, 1932, that I last saw h[illegible] alive on June 14, 1932, and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vas. Renal Disease

Auricular Fibrillation

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park — DATE OF BURIAL June 18 1932

20 UNDERTAKER Curley & Co. Inc. — ADDRESS 706 E North Ave

M. D. B. 1268-A

E 80655

E 80655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH (a) CITY OF BALTIMORE: (No.) St. Paul Girls School Warwick & Gwynns Falls Phwy St., Ward. 15-Lab

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin James Pierce

(a) Residence: No. Warwick Ave & Gwynns Falls Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hazel

6. DATE OF BIRTH (month, day, year) Sept 20 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Westley Pierce

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Hazel Pierce
(Address) Warwick Ave & Gwynns Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 17, 1932

19. UNDERTAKER J. Vernon Keeper
(Address) 1532 Hollins St.

20. FILED JUN 15 1932 [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932 to June 15, 1932

I last saw her alive on June 15, 1932 Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	
Other contributory causes of importance: Aortic Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward A Morgan M. D.

(Address) 1 W Mt Royal Ave

M. D. B. 1268-9

80656

HEALTH DEPARTMENT—CITY OF BALTIMORE

80656

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 10-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Barnes

(a) Residence: No. 812 Harford Ave. St., ... Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie

6. DATE OF BIRTH (month, day, year): Dec. ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Tallahasse Fla.

MOTHER FATHER

13. NAME: Evans

14. BIRTHPLACE (city or town) (State or country): ? Fla.

15. MAIDEN NAME: Patsy Evans

16. BIRTHPLACE (city or town) (State or country): ? Fla.

17. INFORMANT: Records of

(Address): Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 6-17 19 32

19. UNDERTAKER: Brown & Jamie Wright

(Address): 128 N. Eden Derry St.

FILED JUN 16 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to June 13, 1932

I last saw him alive on June 13, 1932 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11 Days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. G. Howard Jr. M. D.

(Address) Balto. City Hosp.

Spec.—1-12-23—M&T—500 Blks.

80657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80657

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Kenwood Ave ST. 1-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Kowalewski

(a) RESIDENCE NO. 923 S. Kenwood ave ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eve Kowalewski

6 DATE OF BIRTH (month, day, and year): Sept. 28 1891

7 AGE: Years 40 | Months 8 | Days 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto Copper.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Stanislaus Kowalewski

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Apolonia Mrzygnotu

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Apolonia Kowalewski 923 S. Kenwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1932

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to June 15, 1932,

that I last saw him alive on June 15, 1932

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of dea

(Signed) I. B. Bronushas, M. D.

6-16-32 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: June 18 1932

20 UNDERTAKER: Stephen J. Fialkowski Inc

ADDRESS: 1000 S. Kenwood Ave

AaCo. 5-31-2508

80658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80658

CERTIFICATE OF DEATH

+ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 Huntingdon Ave 42 Ward) 51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leslie U. Miller.

(a) Residence: No. West Freedom Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jesse H. Miller.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah Tracy.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Miss Miller.
(Address) 3037 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL
West Freedom, Pa. Date June 16, 1932

19. UNDERTAKER Hartenstein & Mourmaker
(Address) West Freedom Pa.

20. FILED 6 1932 Huntington Williams Registrar.
(Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1932 to 6/16 1932

I last saw him alive on 6/15 1932 death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I	
Ch. Valv. Heart Disease of about fourteen years duration.	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Hall, M. D.

(Address) 2020 N. Charles

M. D. B. 1268-9

E 80659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80659

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 24-34 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Smith

(a) Residence: No. 703 E Fort Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Lucy (same)

6. DATE OF BIRTH (month, day, year) Nov 26 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	5	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Board Balto City

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Francis Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place WS Harwood Date 6/17, 1932

19. UNDERTAKER J M Cook (Address) 1219 E Fort Ave

20. FILED JUN 17 1932 Hattie Williams Registrar. #6888

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to June 14, 1932

I last saw h[illegible] alive on June 14, 1932. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	July 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. Nicholson M. D.

(Address) Johns Hopkins Hosp Balto

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80660

CERTIFICATE OF DEATH

E 80660

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Martha Jaeger

(a) Residence: No. Hanover W. Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of Wm R Jaeger

6. DATE OF BIRTH (month, day, year) Aug. 22. 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER FATHER

13. NAME Oscar Godfrey

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Elizabeth Leicester

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 18 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St Huntington West Virginia

6 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932 to June 16, 1932

I last saw her alive on June 16, 1932 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	?
Other contributory causes of importance:	
Bronchial Pneumonia	Terminal

Name of operation Laryngectomy Date of May 31.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Simon Brager M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 80661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80661

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Broadway) Broadway Eastern Apt-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Kraus

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kraus

6. DATE OF BIRTH (month, day, year) Dec 27th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pub. baker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Eyring

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Behrens

(Address) 634 S. Bagley St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 6/18/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. D. [illegible] Huntington Williams, M.D. Registrar.

6/16/1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h— alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Acute Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B F Herzog M D, M. D.

Coroner

6/16/32 (Address) 1305 N Fulleson Park

M. D. B. 1268-9

80662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80662

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals 9-46

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Keyes

(a) Residence: No. 623 Cookesbury Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah Jane

6. DATE OF BIRTH (month, day, year) Aug. 28, 1852 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80 ?	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Sparton Md.

MOTHER'S FATHER'S

13. NAME Philip

14. BIRTHPLACE (city or town) (State or country) ? W. Va.

15. MAIDEN NAME Elisabeth Warwick

16. BIRTHPLACE (city or town) (State or country) Sparton Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md. Date June 17th 1932

19. UNDERTAKER Wm Cook & Son

(Address) 1217 St. Paul St.

FILED JUN 16 1932 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932 to June 16, 1932

I last saw him alive on June 16, 1932 Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	May 1924
Hypertension	unk
Arteriosclerosis, gen.	unk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jas E Howard M. D.

(Address) Balto. City Hosp.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80663 E 80663

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret O. Neill

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John O'Neill

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Robert McDonald
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Neill
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 17, 1932

19. UNDERTAKER Rita Windfield
(Address) 14 Greenmount Ave

20. FILED 6 1932 Huntington Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to June 15, 1932

I last saw her alive on June 15, 1932 death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Gangrene both feet	about Oct 10
Septicemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical, chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J M L Parker, M. D.
(Address) 1114 Hamilton

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80664

CERTIFICATE OF DEATH

E 80664

181

Registered No. 27-48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lola Jane Gorsuch

(a) Residence: No. 6309 Blenheim Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME J. Fletcher H. Gorsuch, Jr.

14. BIRTHPLACE (city or town) (State or country) Fork Maryland

MOTHER

15. MAIDEN NAME Helen Patenall

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. J. F. H. Gorsuch, Jr.
(Address) 6309 Blenheim Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date June 17, 1932

19. UNDERTAKER Joseph B. Cook
(Address) 1005 W. Baltimore St.

61932 Huntington Williams, M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw her alive on , 19 Death is said to have occurred on the date stated above, at 10.02 P.M.

The principal cause of death and related causes of importance were as follows:

Second Degree Burns and Body Accelerated

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Morrissey, M. D.
Coroner

(Address) 3632 Roland Avenue

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80665

CERTIFICATE OF DEATH

119 E 80665

Registered No. 8-45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Normal Ave. St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beverley Ann Gaeng

(a) Residence: No. 1730 Normal Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ######

6. DATE OF BIRTH (month, day, year) Feb. 27, 1932

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Frank Gaeng

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Eleanor Trageser

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frank Gaeng
(Address) 1730 Normal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/17/32 19

19. UNDERTAKER Geo. A. Hill & Sons Inc
(Address) 1613 Harford Ave.

20. FILED 6/17/1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 15, 1932

I last saw her alive on June 15, 1932. Death is said to have occurred on the date stated above, at 1000 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis	7 Days
Other contributory causes of importance: Exhaustion	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Greenberg M. D.

(Address) 1015 E. 34th Ave.

1-30—M. & T.—100 B—50L

80666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 18

2-FULL NAME Noble Swann. (C)

(a) RESIDENCE NO. 207 Colvin St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ; ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower.

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Jeanette Swann.(C)

6 DATE OF BIRTH (month, day, and year) October 6, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Scow man.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER Noble Swann.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Adeline Adams.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Rose Robinson.(C) sister.
(Address) 1217 Delaware Ave. S. W. Washington. D.C.

15 Filed 6 17 1932. 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs, mos. ds.

18 Where was disease contracted if not at place of death? Port Covington. Pier 8. June 18, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] M. D. Coroner

6/14/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 6/17 19 32

20 UNDERTAKER Samuel Stanley & Bro

ADDRESS 578

M. D. H. 1268-9

E 80667

HEALTH DEPARTMENT—CITY OF BALTIMORE

Major.

CERTIFICATE OF DEATH

108 E 80667

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2026 McCulloh St. 1st Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen Major

(a) Residence: No. 2026 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arinthia Major

6. DATE OF BIRTH (month, day, year) April 6th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) June 16 - 1932

11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country) Accomac County Va. Virginia

MOTHER'S FATHER

13. NAME Edgar Major

14. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

15. MAIDEN NAME Phoebe Phillips

16. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

17. INFORMANT Arinthia Major
(Address) 2026 McCulloh St.

18. BURIAL, CREMATION OR REMOVAL Place Mt. Carmel Cem 6/17 1932

19. UNDERTAKER Samuel Stevenson
(Address) 1518 N. Caroline St.

20. FILED 6/17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11th 1932 to June 15th 1932

I last saw h[illegible] alive on June 16th 1932 Death is said to have occurred on the date stated above, at 4-05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-9-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Tango M. D.

(Address) 2937 N. Calvert St

E 80668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80668

CERTIFICATE OF DEATH

27-6 V 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 926 E. Monument St., (Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Angelo or Angelofsky

(a) Residence: No. 4535 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie (Yelenkof) Angelo

6. DATE OF BIRTH (month, day, year) May 7/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bulgaria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bulgaria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bulgaria

17. INFORMANT Sophie Angelofsky
(Address) 4535 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Date June 17. 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

FILED JUN 17 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... saw h... alive on inquiry 19... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot in rt. Temple	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ... 19...
Where did injury occur? 926 E. Monument St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place industry
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Jos A Cullen M. D.
Coroner
(Address) 506 E Fayette St

M. D. R. 1265-9

E 80669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80669

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Curley St., 6-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Lutz

(a) Residence: No. 420 N. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lena Lutz

6. DATE OF BIRTH (month, day, year) Apr. 7 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	2	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Georg Lutz

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Marie Lutz.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Lena Lutz
(Address) 420 N Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date June 29" 32

19. UNDERTAKER Geo M. Funk Son
(Address) 524 E. Lexington St. Baltimore, Md.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16' 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to June 16 1932

I last saw him alive on June 16 1932 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 days
cardio-vascular-renal condition - 1 year (History)	(1 yr)
Other contributory causes of importance:	
arteriosclerosis - 5 years - (History)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis H. Krumeich M. D.

(Address) 722 N. Kenwood Ave

80670 E 80670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hosp V24 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-45 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances I Fahey

(a) Residence: No. 3302 Parklawn Ave Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Fahey

6. DATE OF BIRTH (month, day, year) March 18 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	29		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Va

OTHER FACTS

13. NAME John W Meade
14. BIRTHPLACE (city or town) (State or country) Staunton Va
15. MAIDEN NAME Ella Moran
16. BIRTHPLACE (city or town) (State or country) Staunton Va
17. INFORMANT Ella Moran
(Address) 3302 Parklawn Ave
18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date June 18 1932
19. UNDERTAKER J S Patterson
(Address) 30 E Centre St ave
20. FILED Huntington Wolfstown Md. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1932 to 6-15 1932
I last saw her alive on 6-15 1932 Death in said to have occurred on the date stated above, at 7:38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Left Kidney	July 1931
Other contributory causes of importance: Tuberculous Meningitis	5-21-32
Left Nephrectomy	
Name of operation	Date of 5-2-32
What test confirmed diagnosis? Clinical	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) C. W. Peake M. D.
(Address) Franklin Square Hosp.

M. D. B. 1265-9

E 80671

E 80671

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 v

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1807 E. 32nd St., 9-46 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Adam J. Flechtner

(a) Residence: No. 1807 E. 32 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Flechtner

6. DATE OF BIRTH (month, day, year) March 31 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm. Flechtner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Anna K. Flechtner

(Address) 1807 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemy. Place Holy Redeemer Date June 18 1932

19. UNDERTAKER Gregory Hoeck & Sons, Inc

(Address) 1 E. Eager St. Huntington, West Virginia

JUN 17 1932

Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29 1932 to June 15 1932

I last saw him alive on June 15 1932 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	

Other contributory causes of importance:

Mention	

Name of operation Biopsy of Abd. Mass Date of Apr 6 32

What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George O. Hey M. D.

(Address) 2401 Linden Ave

30672 F. S.—500 Bks.

E 80672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

REGISTERED NO. 26-548

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Brendon ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine O Hughes

(a) RESIDENCE NO. 3104 Brendon ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael G. Hughes.

6 DATE OF BIRTH (month, day, and year) 4/6/67

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St Genevieve Mo.

10 NAME OF FATHER Wesley Boggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mo.

12 MAIDEN NAME OF MOTHER Anna Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

Informant Mr. Michael G. Hughes

(Address) 3104 Brendan St

Filed ..., 19... Huntington Williams, M.D. Registrar Director

1-7-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/32

17 I HEREBY CERTIFY, That I attended deceased from 5/21, 1932, to 6/16, 1932, that I last saw h.er alive on 6/6, 1932 and that death occurred, on the date stated above, at 7 15 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis - Hypertension about

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) C P Wolcott, M. D.

6/16, 1932 (Address) 1117 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 20 1932
20 UNDERTAKER	ADDRESS
Henry Steck & Sons Inc	1301 E Eager

Spec.—9-30—A. & Co.—250 Bks.

E 80673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80673

CERTIFICATE OF DEATH.

13-57 ✓9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3576 Poole ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Mason

(a) RESIDENCE NO. 3576 Poole ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13-31

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
—	1	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falls Md

PARENTS

10 NAME OF FATHER William Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lottie Scherer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cincinnati Ohio

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1932

17

I HEREBY CERTIFY. That I attended deceased from May 1st, 19 32 to June 17, 19 32

that I last saw him alive on June 16th, 19 32

and that death occurred, on the date stated above, at 1 30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia 12 days — Whooping cough 2 mos

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Prem. Pneumonia Premature twin (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. V. Cliff M. D.

6/17, 19 32 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

14 Informant Wm Mason (Address) 3526 Poole St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary, Hamden — DATE OF BURIAL June 17, 19 32

20 UNDERTAKER Edmondson & Son — ADDRESS 736 Hollins Ave

15 Filed ..., 19 ... Registrar

17 1932 Huntington Funeral Home, Inc.

M. D. B. 1268-0

E 80674 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80674

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Light St. 23-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes A Rasinger

(a) Residence: No. 1632 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H Rasinger

6. DATE OF BIRTH (month, day, year) March 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME James Steadman

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Amanda Long

16. BIRTHPLACE (city or town) (State or country) St Marys Md

17. INFORMANT Louis H Rasinger

(Address) 1632 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Bulle Cem Date June 20, 1932

19. UNDERTAKER A. Howard Evans

(Address) 1644 Hanover St.

Sup. FILED 6 17 1932 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932 to June 16, 1932

I last saw HER alive on June 16, 1932. Death is said to have occurred on the date stated above, at 2:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder and Rectum	Indefinite
Other contributory causes of importance: Exhaustion	6/10/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed H. L. Campbell M. D.

6/17/32 (Address) 1644 Hanover St.

A&Co. 5-31 250B

80675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80675

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 E. Fairmount Ave 6-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Briggs

(a) Residence: No. 1514 E. Fairmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 21 1884

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	48	— 8	— 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Durham N.C.
(State or country)

FATHER

13. NAME Samuel Briggs
14. BIRTHPLACE (city or town) N.C.
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT Ida Charity
(Address) 1514 E Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date June 17, 1932

19. UNDERTAKER Edw Bryan
(Address) Orleans St
Huntington Williams, N.C.

20. FILED JUN 17 1932
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to June 14, 1932
I last saw him alive on June 13 1932, death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyo- Nephrosis	May 30 1932
Other contributory causes of importance: Chronic Bronchitis (Probably Tuberculous) & Thickened Pleura	unknown

Name of operation None Date of .....
What test confirmed diagnosis? Physicial Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Hanny, M. D.
(Address) 1424 E Monument St

A&Co. 5-31 250B

80676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80676

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Mt. Royal Terrace. St. 13-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude C. Hooper.

(a) Residence: No. 2300 Mt. Royal Terrace. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas H. Hooper

6. DATE OF BIRTH (month, day, year) Oct. 16th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	67	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Francis X Lipp

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Laura C. Getty.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas V. Hooper
(Address) 2300 Mt. Royal Terrace.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date June 18th 1932

19. UNDERTAKER Chas. H. Bruce & Son
(Address) 118 W. Mt. Royal Ave.

FILED 1 1932 Huntington Williams, M.D.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23 1925 to June 16th 1932
I last saw her alive on June 15 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	Unknown
Chronic decompensation	
Other contributory causes of importance: Myocardial insufficiency	previous to June 1925

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 —
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathaniel M Beck M. D.
(Address) 100 E. 23rd st.

M. D. B. 1268-9

80677 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80677

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals 26-27

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... ds.

2. FULL NAME John Brown

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecka

6. DATE OF BIRTH (month, day, year) March 8, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? England

PERSONAL AND STATISTICAL PARTICULARS

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) ? England

15. MAIDEN NAME Emma Fletcher

16. BIRTHPLACE (city or town) (State or country) ? England

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 17, 1932

19. UNDERTAKER

(Address) Huntingtor Williams, N.Y.

No. 71932 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1921 to June 15, 1932

I last saw him alive on June 15, 1932. Death is said to have occurred on the date stated above, at 6:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	May 1930
Hypertension,	
Hemorrhage into cerebrum	1931

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Shannon M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

E 80678 ✓ E 80678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-37 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John T. Mills

(a) Residence: No. none St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 21, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Joe Mills

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Ann Marshall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Private Date June 17, 1932

19. UNDERTAKER

(Address)

JUN 17 1932 Huntingtown Williams, Reg't Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to June 15, 1932

I last saw him alive on June 15, 1932 Death is said to have occurred on the date stated above, at 10:45 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia, inguinal	
Strangulated	6-14-32
Senility	
Arteriosclerosis, gen & cerebral	Unknown

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—50L

E 80679

E 80679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Stmr. Allegany, En route

CITY OF BALTIMORE: (No. Miami to Baltimore. ST. 15-62 WARD)

2-FULL NAME Ida M. Alexander.

(a) RESIDENCE NO. 3717 Yosemity Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If ~~MARRIED, Widowed, or DIVORCED~~ (or) WIFE of Benjamin J. Alexander.

6 DATE OF BIRTH (month, day, and year) June 20, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan.

PARENTS

10 NAME OF FATHER ------- Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan.

14 Informant Mabel Heuser. (daughter)

(Address) 3717 Yosemity Ave.

15 Filed JUN 17 1932 Huntingtown Williams N.Y. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Theodore Steinhardt, M. D. Coroner

6/16/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tsawatha Kansas — DATE OF BURIAL: June 17 1932

20 UNDERTAKER: Henry W. Lukins Sons Co. — ADDRESS: McCulloh & Orchard St

M. D. R. 1268-9

E 80680

E 80680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Carrollton Ave. St. 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delancy Bryant Jr.

(a) Residence: No. 1101 N. Carrollton Ave. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Regina Bryant

6. DATE OF BIRTH (month, day, year) Oct 5 1897

7. AGE — Years 34 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jr. Bryant

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Laura Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Regina Bryant

(Address) 1101 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 18 1932

19. UNDERTAKER Jas. W. Chase & Son

(Address) 208 N. Eutaw

FILED JUN 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) June 15th 1932

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leuk Crowe Coroner, M. D.

(Address) .....

AACo. 5-31 250B

E 80681 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80681

CERTIFICATE OF DEATH

11-001 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Lafayette Ave. 6-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Winston Jones

(a) Residence: No. 1704 W. Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Jones

6. DATE OF BIRTH (month, day, year) Mar. 27 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	26	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contract work
10. Date deceased last worked at this occupation (month and year) 6 days
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER'S MAIDEN NAME

13. NAME Henderson Jones
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Sallie Harris
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Emily Jones
(Address) 1704 Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Williamsville Va Date June 17 1932

19. UNDERTAKER Samuel R. Moore & Son
(Address) 638 N. Eutaw

Williamsville, Va.

20. FILED JUN 17 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1932 to June 16, 1932

I last saw him alive on June 16th 1932 death is said to have occurred on the date stated above, at 1250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	6/14/32
Influenza	6/10/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl Tidwell M. D.

(Address) 1704 N. Eutaw

1-30—M. & T.—100 B—50L

E 80682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓183 E 80682

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Benjamin St. (St.) 24-35 (Ward)

2-FULL NAME. Everett N. Miles. (C)

(a) RESIDENCE NO. Do not know. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer): Barge, Francis B.
(c) Name of employer: McNally.

9 BIRTHPLACE (city or town) (State or country): Virginia.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Police Report. S.D.
(Address)

15 Filed ..... Huntington Williams, M.D. Registrar
Registrar
Director

71932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a row-boat.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

6/16/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Universal Ind

DATE OF BURIAL: June 32 19

20 UNDERTAKER

ADDRESS

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80683

CERTIFICATE OF DEATH

97 E 80683

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Miller.

(a) RESIDENCE NO. 307 W. Madison St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE~~ Johanna Miller.

6 DATE OF BIRTH (month, day, and year) January 20, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber,
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: George Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: George H. Miller. (son)

(Address) 1307 W. Baltimore St.

15 Filed 1932 Huntington Williams, M.D. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Street car fall. ? Holliday June 16, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

6/17/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

20 UNDERTAKER: Joseph B. Cook

DATE OF BURIAL: June 20 1932

ADDRESS: 1003 West Baltimore St

M. D. B. 1268-9

E 80684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80684

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Men's Home

CITY OF BALTIMORE: (No. 1400 W. Lexington St. 19-27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dillwyn Feast

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 26, 1858

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	-	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pennsylvania

13. NAME John Feast

14. BIRTHPLACE (city or town) (State or country) Yorkshire England

15. MAIDEN NAME Sarah A. Uppercue

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Dillwyn Feast

(Address) 1400 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 20, 1932

19. UNDERTAKER Joseph D. Cook

(Address) 1003 W. Baltimore St.

20. Filed June 17 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to June 16, 1932

I last saw h[illegible] alive on June 16 1932 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset .....

Other contributory causes of importance:

General Arterio-sclerosis

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Guy N. Cromwell M. D. Coroner

(Address) 203 Patapsco Ave. Brooklyn

M. D. B. 1265-9

Coroners Nos 309 1305 N. Patterson Park Ave 4176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80685

CERTIFICATE OF DEATH

V 183

E 80685

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Chester St St. 6-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Leary

(a) Residence: No. 226 N. Ellwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~) Annie Leary

6. DATE OF BIRTH (month, day, year) May 2. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 66	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coca Cola B'l'd'g

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME John Leary

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen (unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Leary

(Address) 226 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date 6/18 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St.

20. FILED 7-1932 Huntington Williams, N.D. R. P. M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—. Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Probable Accidental	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Sterzynski M. D.

Coroner

(Address) 3057 Patterson Park

M. D. B. 1268-9

Dr Herzog 1305 N Gallows Pk Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80686 001

CERTIFICATE OF DEATH

V 164 E-80686

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Hait Ave St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie G. Koetting

(a) Residence: No. 3312 Hait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jacob G Koetting

6. DATE OF BIRTH (month, day, year): Nov 5 1902

7. AGE: Years 30 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Sullivan

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Lee Brown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Jacob Koetting 1916 Orleans St

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date 6/18/32

19. UNDERTAKER: Wm Cook 2100 E Fayette St

Huntington Indiana

74932

20. FILED 1932 E. E. [illegible] Director or Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from — 19 — to — 19 —

I last saw h— alive on — 19 — Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning

(Illuminating Gas)

Suicide

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 6/15, 1932

Where did injury occur? 3312 Hait Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gas Poisoning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) D Herzog M.D. M. D.

Coroner

(Address) 1305 N Gallows Pk

AACo. 5-31 2508

80687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 E 80687

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Balto Gen Hosp St. 24-3rd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma May Kaufman

(a) Residence: No. 1725 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) April 17, 1932

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John A Kaufman

14. BIRTHPLACE (city or town) (State or country) 1725 Patapsco Md

15. MAIDEN NAME Bertha E Reil

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John A Kaufman
(Address) 1725 Patapsco

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 20, 1932

19. UNDERTAKER C. Kemble Sons
(Address) 318 E Fort Ave

20. FILED 71932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14-32, 19.., to 6-17-32, 19..

I last saw her alive on 6-17-32, 19.. death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Bronchitis	6-4-32
Acute Bronchopneumonia	about 6-10-32

Other contributory causes of importance:

Probably Whooping Cough	

Name of operation None Date of

What test confirmed diagnosis? Laboratory, Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E R Schimunek, M. D.

(Address) St Balto Hosp

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80688 8E 80688

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 8-13 Ward)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 10 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Chas. Howard Garrity

(a) Residence: No. 1808 Hennemon Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/8/28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

PERSONAL PARTICULARS

13. NAME Howard Garrity

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Jean Ferguson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Howard Garrity (Address) 1808 Hennemon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 6/18/32 19

19. UNDERTAKER George J. Roth Sons (Address) 1715 Harford Ave.

20. 71932 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/24/32 19 ..., to 6/16/32 19 ...

I last saw him alive on 6/16/32 19 ... death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	5/23/32
Other contributory causes of importance: Acute Nephritis	6/3/32
Acute Myocarditis	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital

Spec.—9 30—A & Co.—250 Bks.

80689 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

E 80689

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St & Keswick Rd. WARD) 82-08 13-52

2 FULL NAME Mrs Amelia E. Snead

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of G. W. Snead.

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1840

7 AGE 92 Years	Months 14	Days 2	If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Ernest Meyer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Hospital Records.
(Address)

15 7 1932 Huntington Williams, M.D. Registrar
B.C.H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to June 16, 1932

that I last saw h[illegible] alive on June 16, 1932

and that death occurred, on the date stated above, at 12.05 AM

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage with hemiplegia —

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) P. W. B. Mayo — M. D.

6/16 1932 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery DATE OF BURIAL June 18 1932

20 UNDERTAKER John B. Middleton & Sons ADDRESS 1700 Eutaw Place

M. D. B. 1268-9

E 80690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80690

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Southerh Ave. St., 27-42 131 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Massillon Bauce Naylor

(a) Residence: No. 2901 Southern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Stevens

6. DATE OF BIRTH (month, day, year) Jan. 27, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfgs. Agent 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FATHER

13. NAME Stephen Magill

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Lucretia Donaldson

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Mrs. Alice S. Naylor
(Address) 2901 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemy. Date 6/20/32, 19

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1202 Eutaw Place

20. [illegible] 71832 Huntington Wills [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/1/32, 19 ..... to 6/17, 32

I last saw h[illegible] alive on 6/16, 19 32 Death is said to have occurred on the date stated above, at 6 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocardiac - Nephritis Chronic interstitial nephritis Arteriosclerosis	?

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Stacy Jr. M. D.

(Address) 401 E Edmondson Ave.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80691

CERTIFICATE OF DEATH

E 80691 — REGISTERED NO. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3300 N. Calvert ST. 12 WARD 19

2-FULL NAME Grant Aubel

(a) RESIDENCE NO. 3300 N. Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Aubel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mr Grant
(Address) 609 Columbia Ave. Phila, Pa.

15 Filed 7-1932 16 Huntington Williams, M.D. Registrar Director

R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Stenosis of Pyloris
Acute D. of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

4/6/1932 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 18 1932

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 1256 North Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80692

CERTIFICATE OF DEATH

80692

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (No. 2 St. Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ....yrs. 1 mos. ....ds. How long in U.S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Charles Jacobson

(a) Residence: No. The Anchorage St., ... Ward. Sweden
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 5-16-32

11. Total time (years) spent in this occupation 6 Sb

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Anders Jacobson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Elizabeth Haag

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampton Date June 18, 1932

19. UNDERTAKER E. Leroy Stiller, Inc.
(Address) 252 North Ave. Huntington Williams, N.Y.

71932 R.F.H. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to June 16, 1932

I last saw him alive on June 16, 1932 death is said to have occurred on the date stated above, at 4:05P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum & bladder	2 mos or longer
Other contributory causes of importance:	
Hernia, inguinal, bilat. complete	
Hemorrhoids, mixed	

Name of operation Repair of Hernia Hemorrhoidectomy Date of 5-18-32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elmer Towers M. D.

(Address) U.S. Marine Hospital

30—M. & T.—100 B—50L

80693

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 E 80693

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 26-37 WARD

2-FULL NAME Winifred Walter

(a) RESIDENCE NO 1301 Beechwood Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of John A Walter

DATE OF BIRTH (month, day, and year) April 9 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Timothy Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Leo C Walter

(Address) 808 E. 1st. Sparrows Point

Filed ..... 1932 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fractured Rib accidental falling on floor at Hospital

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) P. Berger M.D. M. D.

6/17, 1932 (Address) 1305 N. Patterson Park Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL June 18 1932

20 UNDERTAKER John F. Deming — ADDRESS 715 Light St

AACo. 5-11 250R

80694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 80694

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 17-24 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvester Smith

(a) Residence: No. 1049 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5-17	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ida Smith

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs Ida Smith Grand Mother

(Address) 1049 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 6/18/32 19

19. UNDERTAKER Mrs Chas G Bailey

(Address) 1421 Jefferson St

JUN 1932 Huntington Williams, M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1932 to 6-16, 1932

I last saw him alive on 6-16, 1932 death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Tuberculosis?	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George McDonald, M. D.

6 14 32 (Address) Provident Hospital

AaCo. 5-31 250B

80695

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-001 ✓ E 80695

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 W. Fayette St. St., 70-64 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Amos Cunningham

(a) Residence: No. 2532 W. Fayette Stt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 10, 1893

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
38 39	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME George B. Cunningham

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Elizabeth M. Shriber

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT G. Herbert Cunningham
(Address) 2532 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date June 18, 1932

19. UNDERTAKER Frank J. Smith
(Address) 4101 Edmondson Ave.

20. FILED ... 19... Huntington Willis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1932 to 6/15, 1932

I last saw h... alive on 6/15 1932 death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	1927
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas L Carter, M. D.
Director (Address) 2145 N Balto St

A4Co. 5-31 250B

E 80696 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-001 E 80696

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. Calhoun St., 14-28 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A, Dennis

(a) Residence: No. 418 S. Calhoun. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabell Dennis

6. DATE OF BIRTH (month, day, year) Nov. 13. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James M. Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Genyra Meuller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Isabell Dennis

(Address) 418 S. Calhoun. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 21. 1932

19. UNDERTAKER Funeral Home Co.

(Address) [illegible]

FILED JUN 20 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 16, 1932

I last saw him alive on June 16, 1932 death is said to have occurred on the date stated above, at 7.55a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1932
Other contributory causes of importance: Cardiac Insufficency	June 16, 1932

Name of operation no Date of

What test confirmed diagnosis? Suddenly? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. A. Brehmer M. D.

(Address) 37 S. Stricker St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 80697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80697

CERTIFICATE OF DEATH

REGISTERED NO. 23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Caroline ST. 16-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christ H. Johnson

(a) RESIDENCE NO. 710 N. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Johnson

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	✓	✓	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter at Hotel

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Perth Amboy New Jersey

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant. Bessie Johnson

(Address) 710 N Gilmor St

Filed June 18 1932, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16-32

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to June 16, 1932, that I last saw h. alive on June 16 1932 and that death occurred, on the date stated above, at 10 80 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Antelegnpty (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage (duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

June 18 1932 (Address) 614 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL June 19 1932

20 UNDERTAKER James A Hayes | ADDRESS 142 Ostend St

Director

M. D. B. 1268-9

Dee

E 80698 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80698

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — Registered No. 186

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Maurice~~ J. Maurice J. Dee

(a) Residence: No. 893 W. Lombard St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Enright Dee.

6. DATE OF BIRTH (month, day, year) June 28th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	18	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Maurice Dee

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Diana O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Annie Dee

(Address) 893 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/20/ 1932

19. UNDERTAKER John F. Cowan & Son.

(Address) 901 Hollins Huntington Pittsville

20. FILED JUN 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14 1932 to June 16 1932

I last saw him alive on 6/16/32 1932. Death is said to have occurred on the date stated above, at 9.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/14/32
Other contributory causes of importance: Mitral insufficiency	?
Angina pectoris	?
& Arterio-sclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? accident Date of injury 6/14 1932

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell on street & fractured

Manner of injury skull

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Harry P. Shelley M. D.

Director (Address) University Hospital

M. D. B. 1268-9

80699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80699

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Williams & Caton St., 10-12 Ward) X46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rosalie Caulfield Catonsville md

(a) Residence: No. 19 Ridge Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Caulfield

6. DATE OF BIRTH (month, day, year) Aug 22. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Oldhauser

(Address) 6 Edmondson Ridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 6/18/ 1932

19. UNDERTAKER F. B. Hupfauer

(Address) 1300 Eutaw Place

Huntington Williams, Inc.

JUN 18 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1932 to 6-15 1932

I last saw her alive on 6-15 1932 Death is said to have occurred on the date stated above, at 3.10 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5 da
Probable malignancy	
Other contributory causes of importance: Uremia	7 da

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hjalmer S. Anderson M. D.

(Address) St Agnes Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

80700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80700

CERTIFICATE OF DEATH 13 V

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 6-11 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph H. Brannock

(a) RESIDENCE NO. 185 N. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline Brannock

DATE OF BIRTH (month, day, and year) July 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pilot

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Dorchester Co (State or country) Md

10 NAME OF FATHER Henry R. Brannock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sara E. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Hospital Records

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from 3-10, 1932, to 6-17, 1932, that I last saw h~~im~~ alive on 6-16, 1932, and that death occurred, on the date stated above, at 4 50 a. m. 6/17/32

The CAUSE OF DEATH* was as follows:

Cardio-vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Y. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Church Creek Md.	June 19 1932
20 UNDERTAKER	ADDRESS
William Cook	1217 St Paul

8 1932 , 19 Huntington Williams, M.D. Registrar

Spec.—1-10-21—M&T—1500 Blks.

80701

HEALTH DEPARTMENT—CITY OF BALTIMORE

80701

CERTIFICATE OF DEATH.

95-002

REGISTERED NO. 27-447

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 Weaver Ave., Hamilton, (ST.) Md. (WARD)

2-FULL NAME Mary Virginia Mann

(a) RESIDENCE NO. 3009 Weaver Ave., Hamilton, (ST.) Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of John George Mann

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Theodore Whitaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Emily Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. George Miller

(Address) 3009 Weaver Ave., Hamilton, Md.

15 1932 Huntington Williams, M.D. Registrar

P. L. [illegible] Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to June 16, 1932, that I last saw her alive on June 15, 1932, and that death occurred, on the date stated above, at 6:50A. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease. (duration) 20 ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myo-Cardial Insufficiency. (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Williamson M. D.

6/16 1932 (Address) A. L. Wilkinson, 5713 Belair Rd., Raspeburg, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cemetery

DATE OF BURIAL 20 Jun 1932

20 UNDERTAKER Frederick Lazeah Loc

ADDRESS 7401 Blair Rd

M. D. B. 1268-9

E 80702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80702

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Dalrymple Ave St. 15-65 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Henrietta Cotting

(a) Residence: No. 3810 Dalrymple Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Aug 8 1854

6. DATE OF BIRTH (month, day, year) Aug 8 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

13. NAME Conrad Cotting

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Boarman

(Address) 3810 Dalrymple Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 18 1932

19. UNDERTAKER Noble Lippincott for

(Address) Huntington Williams N.Y.

20. FILED 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1932 to June 15th 1932

I last saw he alive on June 15 1932 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Cerebro-vascular disease 1 day	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. R. Lucas M. D.

(Address) 5921 Edmondson Ave

M. D. B. 1268-9

E 80703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80703

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E 21 St. 12-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gustavus Brown

(a) Residence: No. 15 E. 21 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabel A Brown

6. DATE OF BIRTH (month, day, year) Aug 13 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gustavus Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary P. D. Emmanuel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Isabel A Brown

(Address) 15 E - 21 St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 21 1932

19. UNDERTAKER H. Eichelberger & Sons

(Address) Baltimore

20. Date 8 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1930 to June 18 1932

I last saw h[illegible] alive on June 17 1932. Death is said to have occurred on the date stated above, at 6.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Thrombosis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) James C. Clark M. D.

(Address) 1211 Cathedral St

M. D. B. 1268-9

E 80704 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80704

26 1949

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-24 Ward)

Length of residence in city or town where death occurred S yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jackson

(a) Residence: No. 561 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

PARENTS

13. NAME Marshall Jackson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Highland Balto Co Md Date June 19, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1302 Freeman St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932 to June 15, 1932
That I last saw him alive on June 15, 1932 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteria Endocarditis	12 days
Pericarditis & effusion	12 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1264-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80705

CERTIFICATE OF DEATH

108 E 80705

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 School St.) (15-21 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas A. Barnes

(a) Residence: No. 614 School St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Barnes

6. DATE OF BIRTH (month, day, year): Jan 30-1877

7. AGE: Years 54, Months 11, Days 12, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Md

13. NAME: Andrew Barnes

14. BIRTHPLACE (city or town) (State or country): Frederick Co unknown

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT (Address): Mary Barnes 614 School.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemetery Date June 20 1932

19. UNDERTAKER (Address): Thomas G. Nelson 1203 Pennsylvania ave.

20. FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 3 Days

Other contributory causes of importance:

Date of onset

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B. 1968-9

E 80706 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80706

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp St. 9-47 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Hopkins

(a) Residence: No. 536 Rose Hill Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Emerine Hopkins

6. DATE OF BIRTH (month, day, year) July 31, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43 yrs.	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry L. Hopkins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sara Pleber

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md. Date June 20, 1932

19. UNDERTAKER John A. Doran
(Address) 5006 Belair Rd.

FILED JUN 21 1932, 19.... Huntington Hillcrest, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17 6, 1932, to June 17, 1932

I last saw him alive on June 17, 1932. Death is said to have occurred on the date stated above, at 5:58 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	11 days
Acute Peritonitis & Myocarditis	24 hrs

Other contributory causes of importance:

Name of operation Appendectomy Date of 6/6/32

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ....

(Signed) Earl L. Chambers, M. D.

(Address) Mercy Hosp

1-30—M. & T. 400 B—50L

E 80707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80707

CERTIFICATE OF DEATH

X 186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (ST.) 25-7 (WARD)

2-FULL NAME Francis Allen

(a) RESIDENCE NO. Ellicott City (ST.) ..... (WARD) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 29 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ellicott City Maryland

PARENTS

10 NAME OF FATHER: Walter Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Buffalo New York State

12 MAIDEN NAME OF MOTHER: Effie Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Detroit Michigan

14 Informant: John W. Reed

(Address): Ellicott City, Md.

15 Filed JUN 13 1932 Registrar: Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puncture right lung rupture of liver. Accidental from diving into pool.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Ilchester, Md.

Did an operation precede death? Yes Date of June 17-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & observation

(Signed) Guy H. Grossnickle, M.D. (Coroner)

6/18, 1932 (Address) 603 Patapsco Ave. Dundalk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible]

DATE OF BURIAL: June 20 1932

20 UNDERTAKER: Easton & Sons

ADDRESS: Ellicott City

AACo. 5-11-2100

E 80708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80708

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 W. Ostend St. 1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 1 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll P. Waters

(a) Residence: No. 808 W. Ostend St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O. dept
10. Date deceased last worked at this occupation (month and year) Dec 32 — 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Waters

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Jennie Johns

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jennie Waters
(Address) 808 W. Ostend

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date June 19, 1932

19. UNDERTAKER Wm. Robt. T. Williams
(Address) 322 S. Arlington Ave.

Huntingtons Williams, N.D.
Registrar.
JUN 19 1932
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to June 16, 1932

I last saw h... alive on June 16 1932 death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary and Intestinal Tuberculosis. — Date of onset Unknown about Jan 1932

Other contributory causes of importance:

Name of operation None — Date of ...

What test confirmed diagnosis? X-ray — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

80709 E 80709

HEALTH DEPARTMENT—CITY OF BALTIMORE

261889 XV 54-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph De Pencier

(a) Residence. No. 1312 E 56th, St., ... Ward. Chicago Ill

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Thomas De Pencier

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Anne Wadell

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill. Date 6/19/32 19

19. UNDERTAKER J Rheny Sons

(Address) 941 E 55th Chicago

6-21-1932 Hunting for Illinois

Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to June 19, 1932

I last saw him alive on June 19, 1932 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Dural Endothelioma non-malignant	1929

Other contributory causes of importance:

None

Name of operation Right craniotomy Date of 6-18-32

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Brady Geer M. D.

(Address) Johns Hopkins Hospital

E 80710

1-30—X 100 B—50L

E 80710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 27-56 WARD

2-FULL NAME John M Tosches.

(a) RESIDENCE NO. 4509 Pimlico Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? 27 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Clara Tosches.

6 DATE OF BIRTH (month, day, and year) June 24, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing designer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer A. Krieger.

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Francis Tosches.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER ----- Fusco.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Clara Tosches. (wife)

(Address) 4509 Pimlico Rd.

15 Filed JUN 19 1932 [illegible] Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 217 E. Fayette St. June 17, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Einhardt, M. D. Coroner

6/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

20 UNDERTAKER Vernon Lemmon

DATE OF BURIAL 6/20 1932

ADDRESS 4611 Park Heights

M. D. B. 1365-a

E 80711 F / E 80711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 210-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital St., 24 33 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 0 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Geer
(a) Residence: No. Harmon Station St., Annearndle Co. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Inez Geer

7. DATE OF BIRTH (month, day, year) Nov. 10, 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co., Md

13. NAME Fred Geer
14. BIRTHPLACE (city or town) (State or country) Charles Co., Md
15. MAIDEN NAME Inez Waters
16. BIRTHPLACE (city or town) (State or country) Charles Co., Md
INFORMANT Joseph Geer (Address) Harmon Station, Md

BURIAL, CREMATION, OR REMOVAL
Place Harmon sta Md Date June 19, 1932
UNDERTAKER Joseph A. Lively (Address) 1041 Mount St
FILED 1932 Printing for Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 19.. to ... 19..
I last saw him alive on June 16 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	6/16/32
Intracranial Hemorrhage	
Other contributory causes of importance:	
Fell off of truck	6/16/32

Name of operation none Date of ...
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/16, 1932
Where did injury occur? Rd leading to Hawkins Farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Fell off tailgate of moving truck
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny M. D. Coroner
(Address) 2300 E Madison St

M. D. B. 1268-9

80712 HEALTH DEPARTMENT—CITY OF BALTIMORE 80712

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Conway

(a) Residence: No. 1059 N Wolfe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Unknown 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Samuel Conway

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alma McField

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date June 18 1932

19. UNDERTAKER Mrs. P. A. Elliott (Address) 1525 Ashland Ave.

20. JUN 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3 1932 to June 15 1932

I last saw him alive on June 15 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis,	?
arteriosclerosis	?
Hypertension	?
Myocardial degeneration	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [redacted] Nicholson, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

80713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80713

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3906 Edmondson Ave. (Ward) 6-21

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lobertus V. Smith (Lobertus VonBocklin Smith)

(a) Residence: No. 3906 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Smith

6. DATE OF BIRTH (month, day, year): November 11, 1881

7. AGE: Years 50 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt. Packing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Packing

10. Date deceased last worked at this occupation (month and year): June 1932

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Edmondsburg Md

13. NAME: Lou V. Smith

14. BIRTHPLACE (city or town) (State or country): Catonsville Md

15. MAIDEN NAME: Laura Wagner

16. BIRTHPLACE (city or town) (State or country): Catonsville Md

17. INFORMANT: Mrs. Grace Smith

(Address): 3906 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cem. Date: June 21, 1932

19. UNDERTAKER: Joseph B. Cook

(Address): 2007 E. Baltimore St.

JUN 20 1932, 19.., Huntington Mills, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Sudden — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leo Smith Coroner, M. D.

(Address) .....

M. D. B. 1268-9

E 80714 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80714

261356

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 79 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Gray

(a) Residence: No. 120 Washington St., Ward. Huntingdon Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/16/70

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa R R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Charles Gray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nancy Trimble

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Huntingdon Pa Date June 20 1932

19. UNDERTAKER Joseph B Cook (Address) 1903 W Balto St

20. FILED June 20 1932 Huntingdon Pa Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932 to Mar ... 19...

I last saw him alive on June 19, 1932. Death is said to have occurred on the date stated above, at 4.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis, Acute with formation of Pancreatic cyst	April 15, 1932
Other contributory causes of importance: Arteriosclerosis generalized	?

Name of operation Drainage Pancreatic cyst Date of 6/2/32

What test confirmed diagnosis? Operation + autopsy? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David L Reese M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

80715 80713

HEALTH DEPARTMENT—CITY OF BALTIMORE

80715

CERTIFICATE OF DEATH

71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1767 Homestead St. 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Magdalena Schuchman

(a) Residence: No. 1767 Homstead St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Schuchman

6. DATE OF BIRTH (month, day, year) Oct 22 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
71	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Frederick Barnickol

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Justine Leyhe

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry Schuchman
(Address) 1767 Homstead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 20 1932

19. UNDERTAKER John Ullrich
(Address) 2208 Eutaw Pl

201932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to June 17 1932

I last saw h... alive on June 16 1932 Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia with spinal cord degeneration	

Other contributory causes of importance:

Secondary Myocardial failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. Brunk, M. D.

(Address) 623 Cathedral St

M.D. B. 1268-9

80716 E 80716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 124-007

CITY OF BALTIMORE: (No. 4900 Ross Road St. 27-44 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Ray Cunningham

(a) Residence: No. 4900 Ross Rd. St., Hamilton Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Cunningham

6. DATE OF BIRTH (month, day, year) Dec 19, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33 yrs.	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fairfax Co. Va.

MOTHER FATHER

13. NAME Robert Cunningham

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (city or town) (State or country) Fairfax Co. Va.

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Funeral Park Date June 20. 1932

19. UNDERTAKER H H Jenkins & Son
(Address) Edmonston Md. Bell Rd & Huntington Williams, N.Y.

20 JUN 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932 to June 17, 1932

I last saw him alive on June 11, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycythemia Rubra Vera	
Cirrhosis of the liver & portal obstruction	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R Franco, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 80717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80717

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 E. Fayette St. 2-4 Ward)

Length of residence in city or town where death occurred? Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wm Moore (Colr)

(a) Residence: No. 2021 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie Moore

6. DATE OF BIRTH (month, day, year) Jan 31st 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William T. Cole

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Cecelia Mallowney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Moore

(Address) 2021 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 21st 1932

19. UNDERTAKER Wm Cook

(Address) 217 S. Paca St

N2-01932 Huntington Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to June 17 1932

I last saw h alive on June 17 1932 Death is said to have occurred on the date stated above, at 8-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	July 31
Other contributory causes of importance: Pulmonary Edema	June 11 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph Kunkler M. D.

(Address) 1132 N. Broadway

Director

M 80718

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 80718

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21-31 Ward)

Length of residence in city or town where death occurred 5 yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip H. Vetters

(a) Residence: No. 616 W. Cross St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Meister (maiden)

6. DATE OF BIRTH (month, day, year) Aug. 17, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gottlieb Vetters

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 20th 1932

19. UNDERTAKER 20th Century

(Address) 27 St. Paul St

20. FILED June 20 1932 Hortense M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/1932

22. I HEREBY CERTIFY, That I attended deceased from 4-18-32, 19..., to 6-17-32, 19...

I last saw h(er) alive on 6-17-32, 19... Death is said to have occurred on the date stated above, at 9:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	?
Other contributory causes of importance: Bronchopneumonia	6-11-32

Name of operation None Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther B. Linde M. D.

(Address) Balto City Hospitals

E.D. 80719

E 80719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Guilford Ave. Ward 60)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Samuel M. Alford

(a) Residence: No. 3208 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Williamma Pierce Alford

6. DATE OF BIRTH (month, day, year) July 25th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James E. Alford

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Jane Edmondson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm P. Alford

(Address) 3208 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 20th 1932

19. UNDERTAKER Wm Cook Director

(Address) 1217 St Paul St

20. FILED 6-21-1932 H. L. Williams, M.D. Registrar. (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to June 18 1932

that I saw ~~him~~ her alive on June 17 1932. Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chronic interstitial Nephritis	1925
Coronary Thrombosis (Fatal)	7/1/31

Other contributory causes of importance:

None noted	3 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Steuart F. Hillman M. D.

(Address) 6 East Biddle St

E 80720

1-30—M—[illegible]—50L

E 80720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Alfonso Marrieno

(a) RESIDENCE NO 1625 Thames Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of - - - -
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25th/1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	I	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank J. Marrieno

11 BIRTHPLACE OF FATHER (city or town) Boston Mass,
(State or country)

12 MAIDEN NAME OF MOTHER Estelle Lisek

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14 Informant Estelle Marrieno

(Address) 1625 Thames Street

6/20/1932 . 192 Huntington Williams, M.D.
Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.
Coroner

6/20/1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery June 2 or 1932

20 UNDERTAKER George A. Weber ADDRESS 705 E. Ann st

AdCo. 5-31 250B

E 80721 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80721

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 25-76 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Ely

(a) Residence: No. 1520 Chesapeake Ave St., ... Ward. ...
(Usual place of abode) Fairfield Station (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Henry Ely

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Catherine Regina Beardmore

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Catherine Regina Ely
(Address) 1520 Chesapeake Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woman's Hosp. Date ..... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Hunting & Williams, Inc.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 15, 1932

I last saw her alive on June 15, 1932 death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(5 months)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Suzanne Sterling M. D.

(Address) Woman's Hospital

Spec.—1-30—M. & T.—250 Bks.

80722

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80722

CERTIFICATE OF DEATH.

95-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Foothill St. ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J Youngtsen (Mrs Creamer)

(a) RESIDENCE NO. 3045 Norman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of Louis Youngtsen

6 DATE OF BIRTH (month, day, and year) Oct 8. 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework & Charwoman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home

(c) Name of employer Md Trust Co

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER — Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER — Pabst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Mrs Wm H. Klehm

Address 622 E Patterson Park Ave

Filed 6 20 1932 Huntington Williamsville N.Y.

Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/32

17 I HEREBY CERTIFY, That I attended deceased from 4/19/32, 19..., to 6/17/32, 19...,

that I last saw her alive on 6/17/32, 19...,

and that death occurred, on the date stated above, at 2.25 a.m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

Cardiac Decompensation

(Arteriosclerosis)

(duration) ...yrs. 4 mos ...da.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No Typical Signs

What test confirmed diagnosis?

(Signed) Daniel A Stuber, M. D.

, 19 32 (Address) 2165 Patapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: June 20, 1932

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: BALTIMORE ST & BROADWAY

A&Co. 5-11 250B

E 80723 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80723

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. 19-25 Ward)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Le Compte

(a) Residence: No. 1553 Cole St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Wilbur Le Compte

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Walter Le Compte

(Address) Arbutus, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 6/20/32 19

19. UNDERTAKER Geo. F. Boyer & Co

(Address) 15 N. Stricker St.

20. FILED 6-21-1932 Wilbur H. Williams Registrar (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/32 19

22. I HEREBY CERTIFY, That I attended deceased from 6/17/32, 19..., to 6/19/32, 19...

I last saw her alive on 6/18/32 19... death is said to have occurred on the date stated above, at 10:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Infection	
Gastro-Enteritis	6/12/32
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital.

M. D. B. 1268-0

E 80724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80724

CERTIFICATE OF DEATH

93-E 80724

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-N.Kresson Street St. 26-39 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Hughes

(a) Residence: No. 14-N.Kresson Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Gapp

6. DATE OF BIRTH (month, day, year) 3/24/1867

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
65	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Staty. Engineer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. US-Custom House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Thomas Hughes

14. BIRTHPLACE (city or town) (State or country) Wales, England

MOTHER

15. MAIDEN NAME Eliz. Morgan,

16. BIRTHPLACE (city or town) (State or country) Wales, England

17. INFORMANT Mrs. Stella Clark
(Address) 2001-E. Hoffman Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 6-20-37 19

19. UNDERTAKER Geo. A. Leith Inc
(Address) 1225 Hanover St. Baltimore, Md.

20. FILED JUN 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h— alive on ... 19 — Death is said to have occurred on the date stated above, at 7.0 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Hergog M.D. M. D.
Coroner

(Address) 1305 N Patterson Pk Ave

E 80725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80725

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. Baltimore Maryland St. 1 Ward) 11-20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Madeline Snowden

(a) Residence: No. R.F.D. Sykesville St., Carroll County Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18 1923

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Marshall Snowden

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Goldie Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Goldie Cook

(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodford Md. Date June 22 1932

19. UNDERTAKER Weyler Bros Inc

(Address) Sykesville Md.

N 20 1932 Huntington Pittsburg, Pa. 6-20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1932 to 6 19, 1932

I last saw her alive on 6-19 1932 death is said to have occurred on the date stated above, at 11 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis } Acute	9
Pericarditis }	1

Other contributory causes of importance: R heumatism ?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ezra McKenzie M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 80726 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80726

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 10-15 V23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 10 yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Johnson, alias RUSCUM

(a) Residence: No. City Jail St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Jamaica

13. NAME Ted Williams

14. BIRTHPLACE (city or town) (State or country) WestIndies

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lion Cemetery Date June 20, 1932

19. UNDERTAKER Mrs Katie R. Williams Director
(Address) 322 W. Lafayette St. Baltimore, Md.

20. FILED 6-20-1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1931 to June 16, 1932

I last saw him alive on June 16, 1932 Death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 mos
Other contributory causes of importance:	
Tuberculous peritonitis	4 day

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence G. Sem, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 250B

E 80727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80727.

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2908 Edmondson Ave. St. 16-79 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Erma Jane Kemp.

(a) Residence: No. 2908 Edmondson Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorraine M. Kemp.

6. DATE OF BIRTH (month, day, year) Dec. 31, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	.8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Durrett L. Coates,

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Isabelle A. Winnig.

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs. George Fritts.
(Address) 2809 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Boliver W. Va. Date JUN 21 1932

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED JUN 21 1932 Huntington, W. Va.
Registrar

Director

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year) JUN 18 1932

I HEREBY CERTIFY, That I attended deceased from April, 1932, to June 18, 1932

last saw h-- alive on June 18, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fall in home	1 week ago

Other contributory causes of importance:

Cirrhosis - 2 years Chronic Interstitial Nephritis - Hypertension	unknown

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-11, 1932
Where did injury occur? at home - fell in kitchen
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Stumbled & fell in room in dark
Nature of injury Colles Fracture (Left) Shock

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George P. Wissig, M. D.
(Address) 4000 Edmondson Ave

E 80728

80728 —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

REGISTERED NO. 94-35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P. Hoffman.

(a) RESIDENCE NO 802 E. Fort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of (or WIFE of) Nettie Hoffman.

6 DATE OF BIRTH (month, day, and year) August 23, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	9	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Receiving Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Locke Insulator Co. Baltimore, Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Charles Hoffman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lillian Hartlove.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Nettie Hoffman. (wife)

(Address) 802 E. Fort Ave.

15 Filed JUN 20 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos. ds.

Uraemia.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 802 E. Fort Ave. June 15, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

6/17/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL 6-20 1932

20 UNDERTAKER Harle & Harle ADDRESS 115 E. North St

80729

HEALTH DEPARTMENT—CITY OF BALTIMORE 80729

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Stricker St. 19-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Kudiska

(a) Residence: No. 108 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Kudiska

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	*	*	*	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lithuania
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Victoria Kudiska
(Address) 108 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 21, 1932

19. UNDERTAKER John Grabliauckas
(Address) 423 E. Pac. Street.

20. FILED ..... 19..... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to June 16, 1932

I last saw h. alive on June 16 1932 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	
Other contributory causes of importance;	
Gastro Enteritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. G. Friedman M. D.

(Address) 918 E. Fayette

0730

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 80730

1. PLACE OF DEATH

County ____ Registration Dist. No. 53

Village or City Baltimore No. 1513 St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice B Haugh

(a) Residence: No. 3912 W Garrison Av St., Ward Waynesboro Pa

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Haugh

6. DATE OF BIRTH (month, day, and year) Aug 20 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmitsburg (State or country) Md

FATHER

13. NAME Edgar Adams Samuel Haugh

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Agnes V Weaver

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Jane Carrie Donnelly (Address) 3912 W Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa Date 6/21 1932

19. UNDERTAKER Walter S Grove (Address) Waynesboro Pa

20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 19 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1931 to June 19 1932

I last saw her alive on June 19 1932; death is said to have occurred on the date stated above, at 4 45 a m

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cancer Uterus (Hodgkin's disease)	2 yrs

Other **Contributory Causes** of importance

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry Revell M. D.

(Address) 3902 Groveland Ave

If more blanks are needed, address State Registrar, 311 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

E 80731

80731 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80731

CERTIFICATE OF DEATH

✓93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Milford Ave St. 28-64 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Kreeger

(a) Residence: No. 3701 Milford Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alexander Kreeger

6. DATE OF BIRTH (month, day, year) July 30, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Garaina

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alexander Kreeger
(Address) 3701 Milford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 6/21/32 19

19. UNDERTAKER Harry M. Mccausland & Son
(Address) 4204 Ridgewood Avenue

20. Filed 6/21/32 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1932 to June 18th, 1932

I last saw her alive on June 15th, 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	June 1st
Due to chronic Dilatation of Heart	
Other contributory causes of importance:	
Hypostatic Pneumonia	1930

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. C. Symmers M. D.

(Address) 4 W. Eager St.

Spec.—9-30—A. & Co.—250 Bks.

0732 E 80733

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH.

REGISTERED NO. 9-46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 E 28th St. 9-46 (WARD)

2 FULL NAME Michael J Noonan

(a) RESIDENCE NO. 434 E 28th St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If ~~married, widowed, or divorced~~ HUSBAND of (~~or WIFE of~~): Catherine E Noonan

6 DATE OF BIRTH (month, day, and year): May 19th 1880

7 AGE: 52 Years | Months | 29 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Police Officer 061
(b) General nature of Industry, business, or establishment in which employed (or employer): 1st District
(c) Name of employer: State

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John J Noonan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Emma V Mayo Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant (Address): Mrs Catherine A Noonan 434 E 28th St

15 Filed , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year): June 18 1932

17 I HEREBY CERTIFY, That I attended deceased from June 17th, 1932, to June 18th, 1932
that I last saw h— alive on June 18th, 1932
and that death occurred, on the date stated above, at 1:30 PM
The CAUSE OF DEATH* was as follows:

Uraemia
Chronic Nephritis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate
(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Exam

(Signed) John J Noonan M. D.
6/18/32 (Address) 401 E 25th St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 21 1932

20 UNDERTAKER: George H Schilling — ADDRESS: 1124 E Monument

M. D. B. 12684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80733

E 80733

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marlborough Ave (St.) 14 (Ward) 20

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Handwerger

(a) Residence: No. Marlborough Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frederica

6. DATE OF BIRTH (month, day, year): July 1865

7. AGE: Years 65, Months 11, Days, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER'S MAIDEN NAME

13. NAME: native

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Frederica Handwerger 5 Hundley Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Bello. Pet. Cem. Date June 20, 1932

19. UNDERTAKER (Address): Baird Sondheim & Son 1802 Eutaw Place

JUN 20 1932

Huntington White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	
Other contributory causes of importance: Arterio Sclerosis	3 mos

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

H. Finch, M. D.

Coroner

(Address)

1-30—M. & T.—100 B—50L

E 80734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80734

CERTIFICATE OF DEATH

178-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 110 S Conkling ST., (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) 26-37 WARD

2-FULL NAME Edward H. Wienecke

(a) RESIDENCE NO 110 S. Conkling ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Wienecke

6 DATE OF BIRTH (month, day, and year) Mar 6 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auto Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Wienecke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Wienecke

(Address) 409 S Ellwood Ave

JUN 20 1932

Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation

(Carbon Monoxide) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. F. Kenzig M.D. Coroner

6 Jun 18 32 (Address) 1305 N Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery

DATE OF BURIAL June 21 1932

20 UNDERTAKER Levy Zieler Inc.

ADDRESS 408 N Howard St

1-50—M. & T.—200 B—50L

E 80735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80735

CERTIFICATE OF DEATH

178-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Conkling ST. 26-37 WARD)

2-FULL NAME Mollie Wienecke

(a) RESIDENCE NO 110 S Conkling ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ed. H Wienecke

6 DATE OF BIRTH (month, day, and year) Oct 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	60	8	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John M Link

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mollie Wienecke

(Address) 603 S. Ellwood Ave

Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation

(Carbon monoxide) (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Yeagy M D, M. D. Coroner

6/20, 1932 (Address) 305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cath Locust Cemetery

DATE OF BURIAL June 21 1932

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 420 S. Wolfe St

#201932

Director .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80736 E 80736

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S East Ave St., 26-1 Ward)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Coroum

(a) Residence: No. 716 S East Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Barbra Coroum

6. DATE OF BIRTH (month, day, year) Nov 20 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William Coroum son

(Address) 716 S east Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date June 21 1932

19. UNDERTAKER Tilly & Zeiler INC

(Address) 1332 Wolfe st.

DATE JUN 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21 1932 to June 18 1932

I last saw him alive on June 18 1932 Death is said to have occurred on the date stated above, at 2:15a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency & Arteio-Sclerosis	
Other contributory causes of importance: Terminal Edema of the Lungs 48 hours.	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B Athey M. D.

(Address) 2504 St. Paul St.

Spec.—1-30—M. & T.—250 Bks

E 80737 ✓ E 80737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 837 N. Patterson Pk Ave (St.) 7-12 (WARD)

2-FULL NAME James Patrick Kelly

(a) RESIDENCE NO. 837 N. Patterson Pk Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 52 | Months: 4 | Days: 26 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meat Packer

(b) General nature of industry, business, or establishment in which employed (or employer): Schluderberg-Kurdle

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Henry

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Frederick Lawrason
(Address) 837 N. Patterson Pk Ave

15 JUN 20 1932 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to June 20, 1932.

that I last saw h im alive on June 19, 1932.

and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lower Jaw

(duration) 2 yrs. _____ mos _____ da.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent P. Dooley M. D.

, 19 (Address) 845 N. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 23 1932

20 UNDERTAKER: August Pasek — ADDRESS: 2406 Ashland Ave

80738

E 80738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 12-50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 427 E. 23rd St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius Greene

(a) Residence: No. 427 E. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert L. Green

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert L. Green
(Address) 427 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn, Date June 20, 1932

19. UNDERTAKER Mrs. F. G. Ellis
(Address) 1225 Eastlander

JUN 20 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1932 to June 16, 1932

I last saw her alive on June 16, 1932 Death is said to have occurred on the date stated above, at 11-30 P m

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart — Date of onset 2

Other contributory causes of importance: Chronic Valvular disease

Name of operation — Date of

What test confirmed diagnosis? Dugn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. H. Pearce M. D.

(Address) 2105 Eutaw Pl.

E 80739

E 80739

230 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Hanover St. ST. 22-31 WARD)

2-FULL NAME Joseph McQueen.(C)

(a) RESIDENCE NO. 811 Hanover St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of Josephine McQueen.(C)

6 DATE OF BIRTH (month, day, and year) September--- 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	43	9	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida.

PARENTS

10 NAME OF FATHER Philip McQueen.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Josephine McQueen.(C) wife.

(Address) 811 Hanover St.

15 Filed JUN 20 1932 Huntington Williams, Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Eimbeck Coroner, M. D.

6/17/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Point, Va

DATE OF BURIAL: June 24-32

20 UNDERTAKER: James A Hayes

ADDRESS: Wood

E 80740

80740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. 13-52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Pleasant Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Girl Harkfriger

(a) Residence: No. 3415 Pleasant Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Alexander Theophilus Harkfriger

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Martha Hare

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Martha Hare
(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. College Date June 18, 1932

19. UNDERTAKER
(Address)

D 1932 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 8, 1932

I last saw her alive on June 17, 1932. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80741

CERTIFICATE OF DEATH

59 E 80741

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-26 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgie Wesley

(a) Residence: No. 821 Bradley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) March 4, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68?	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sykesville Md.

13. NAME John Dorsey

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Charlotte Green

16. BIRTHPLACE (city or town) (State or country) Sykesville Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date June 20, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED 01032 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to June 16, 1932

I last saw her alive on June 16, 1932. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unk
Arteriosclerosis	
Myocarditis, chr.	
Other contributory causes of importance:	
Cystadenoma Thyroid	Unk

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(If so, specify) .....

(Signed) Hugh G. Grason M. D.

(Address) City Hosp.

M. D. B. 1268-9

80742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80742

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 26-37 107-001 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Morrisey

(a) Residence: No. Randallstown, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Joseph Morrisey

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred at Md Date June 20 19 32

19. UNDERTAKER Huntington Williams, Inc.
(Address) .....

1932 7021 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14 1932 to June 18 1932
I last saw him alive on June 18 1932 Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence L. Sara M. D.

(Address) Baltimore City Hospitals.

M. D. B. 1268-9

80743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002 E 80743

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 17-76

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: George Winbush

(a) Residence: No. 705 Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Agnes

6. DATE OF BIRTH (month, day, year): ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Danville Va.

13. NAME: George

14. BIRTHPLACE (city or town) (State or country): ? Va.

15. MAIDEN NAME: Katie Cole

16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Univ. of Md. Date June 20, 1932

19. UNDERTAKER (Address): Huntington Williams, N.D.

1932 [illegible] O. P. Pitt Licensed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931 to June 17, 1932

I last saw h[illegible] im[illegible]live on June 17, 1932 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-11-32
Other contributory causes of importance:	
Arteriosclerosis, Hypertension	"
Diabetes, chr	"

Name of operation: None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80744 E 80744

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen Hosp St. ..... Ward) 24-33

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs Jennie Baranco

(a) Residence: No. 1437 Battery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 17 - 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Italy
(State or country)

13. NAME Jos. Baranco

14. BIRTHPLACE (city or town) Italy.
(State or country)

15. MAIDEN NAME Same as above.

16. BIRTHPLACE (city or town) Italy.
(State or country)

17. INFORMANT Husband S. B. Gen Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath Date 6/22 1932

19. UNDERTAKER J. F. McGinley
(Address) 130 S. Fremont Ave

Filed JUN 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16-32, 19..., to 6-14-32, 19...

I last saw h.e.r. alive on June 14 1932 death is said to have occurred on the date stated above, at 3 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 13 32
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emmanuel Schiavone M. D.

(Address) St Bal Gen Hosp

M. D. R. 1268-9

59706
80745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 80746

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) 10-14 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Taylor

(a) Residence: No. 811 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Taylor

7. DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Recorder
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson and Date June 20 1932

19. UNDERTAKER Edw. Bryan
(Address) 1631 Orleans St

20. [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1932, to June 14, 1932

I last saw h.xxx alive on June 14th, 1932. Death is said to have occurred on the date stated above, at 9.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Other contributory causes of importance:	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. H. Nicholson, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80746 E 80746

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1471 N Lanvale St. 11-24 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver P Baldwin

(a) Residence: No. 1471 N Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (or) WIFE of Francis S Baldwin

6. DATE OF BIRTH (month, day, year) Sept 2 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editorial Staff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of the Evening Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Oliver P Baldwin

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Eliza S Heffley

16. BIRTHPLACE (city or town) (State or country) Staunton Va

17. INFORMANT Mrs O. P Baldwin

(Address) 1471 N Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 22 1932

19. UNDERTAKER J J Manley & Son

(Address) Oldest Established

Huntington, Wellsville, N.Y.

19... Registrar.

0 1932 R.E.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1929 to June 20 1932

I last saw him alive on June 19 1932 Death is said to have occurred on the date stated above, at 1.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	?
Myocarditis —	?
Chronic nephritis.	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas W. Laverty M. D.

(Address) 132 Park Ave. Baltimore Md

M. D. B. 1268-9

80747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80747.

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Gatten

(a) Residence: No. 676 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry

6. DATE OF BIRTH (month, day, year): Aug. ?

7. AGE — Years: 59? | Months: 10 | Days: | If LESS than 1 day, ... hrs. or ..... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wash. D. C.

13. NAME: G. W. Carlton

14. BIRTHPLACE (city or town) (State or country): ? Ireland

15. MAIDEN NAME: Annie Furlong

16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Sacred Heart 6/21 1932

19. UNDERTAKER (Address): John J. Feaheny Sons 318 E. Eight St. Huntington, W. Va.

01932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 16, 1932

I last saw her alive on June 16, 1932 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis, chr. infectious organism unknown	[illegible]
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Flinn M. D.

(Address) Balto. City Hosp.

Spec.—1-30—M. & T.—250 Blks.

Wood ✓ 124-002

E 80748 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80748

CERTIFICATE OF DEATH.

REGISTERED NO. 31932

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 2416 Callow Ave ST. 13-59 WARD

2-FULL NAME Harry M. Wood

(a) RESIDENCE NO. 2416 Callow Ave ST., WARD (If non-resident give city or town and State) San Francisco Calif

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Lillian Wood

6 DATE OF BIRTH (month, day, and year) Sept 27 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portland Oregon

10 NAME OF FATHER George Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) San Francisco

12 MAIDEN NAME OF MOTHER Rose Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portland Oregon

14 Informant Mrs. Wood (Address) 2416 Callow Ave

Filed ....., 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/32

17 I HEREBY CERTIFY, That I attended deceased from June 10th, 19..., to June 17, 19 32

that I last saw him alive on June 17, 19 32

and that death occurred, on the date stated above, at 12-15 a m.

The CAUSE OF DEATH* was as follows:

Cirrosis of Liver

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Kidney removed

one yr ago (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual tests

(Signed) D. A. Waldron, M. D.

, 19 (Address) 219 East Preston St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Sections 5 Friendship

DATE OF BURIAL June 21 19 32

20 UNDERTAKER J. Thomas Scott & Son

ADDRESS 1732 Eastern Ave

M. D. B. 1268-9

E 80749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80749

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 12-19 (Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony J. Evans

(a) Residence: No. 419 E (St.) Lafayette Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Aug 26, 1923

8. AGE — Years: 9 | Months: 10 | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 4

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME John Evans

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Lizetta Lemon

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Lizetta E Evans

(Address) 419 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 20, 1932

19. UNDERTAKER Mary V. Bredefeld

(Address) 58 Lee St

Huntington Williams N.P.

Registrar.

01932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19... to injury, 19...

I last saw h... alive on injury. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left ribs	6/18/32
Punctured left lung	

Other contributory causes of importance:

Hit by automobile truck	6/18/32

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/18, 1932

Where did injury occur? Barclay & Lafayette (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Playing in little wagon & ran under truck

Nature of injury ✓ Crushed chest.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph Pokorny M. D. Coroner

(Address) 100 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80750 E 80750

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Northern Ave 27-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Chasen

(a) Residence: No. 3908 Northern Ave Sta ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary R. Chasen

6. DATE OF BIRTH (month, day, year) Aug. 24-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md Ry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Mary Chasen

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lizzie Fisher

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary R. Chasen
(Address) 3908 Northern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 23 1932

19. UNDERTAKER John C. Miller
(Address) 1420 E. Universal

Nov 23 1932 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931 to June 20, 1932

I last saw him alive on June 19, 1932 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	not definite
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Benj. D. Hayden M. D.

(Address) 1216 E. Caroline St

M. D. H. 1268-9

E 80751 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 123 E 80751

1. PLACE OF DEATH Union Memorial Hospital Registered No. 26-42
CITY OF BALTIMORE: (No. 33rd + Calvert St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 26 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Mrs. Charles~~ Katz (Elizabeth)
(a) Residence: No. 4504 White Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Katz

6. DATE OF BIRTH (month, day, year) Nov. 9, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME Theo. Fendel
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Margaret Kugel
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 6/23, 1932

19. UNDERTAKER Wm. Lorz & Son
(Address) 1217 E. Monument St.

20. 6-20-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 20, 1932
I last saw her alive on June 20, 1932. Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation diverticulum of small intestine (ileum)	Apr. 1932
Peritonitis, generalized	June 19, 1932

Other contributory causes of importance:

Name of operation Resection of ileum with anastomosis Date of 6/16/32
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.
(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80752

CERTIFICATE OF DEATH

E 80752

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3900 Old York Rd (Street) 4-47 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence V. Stouffer

(a) Residence: No. 3900 Old York Rd Street ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, (or) WIFE of Daniel F. Stouffer

6. DATE OF BIRTH (month, day, year) Jan 13th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME James Russell

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Mary A. Angel

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Daniel F. Stouffer

(Address) 3900 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/21/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 21 1932 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30 1932 to June 18 1932

I last saw her alive on June 18, 1932 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 30/32
Other contributory causes of importance:	
Diabetes Mellitus	?

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar P. Sandrock M. D.

(Address) Medical-ARTS Building

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80753

CERTIFICATE OF DEATH

131 E 80753

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Rement Hustfort

(a) Residence: No. 2302 Sidney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Mulder 2302 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 6/21/32

19. UNDERTAKER Wm Cook & Son Huntington Ave

20. FILED 6/20/32 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932 to June 18, 1932

I last saw him alive on June 18, 1932 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cerebral Hemorrhage	6/16/32
2) Cardio vascular Renal disease	
3) Hypertension	
Other contributory causes of importance:	
1) Bronchopneumonia	6/17/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80754 E 80754

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals 64 Ward)

Length of residence in city or town where death occurred 5 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L. Davis

(a) Residence: No. 2009 E. Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married ~~widowed, or divorced~~ HUSBAND (or) WIFE of Wm F. Davis

6. DATE OF BIRTH (month, day, year) May 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va.

FATHER

13. NAME Harry Austin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Laura E.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm F. Davis

(Address) 2009 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Olivarista Va Date 6/24/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar.

01932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h— alive on ..... 19.... Death is said to have occurred on the date stated above, at 11.45 a m

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset .....

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Herzog M.D. Coroner M. D.

(Address) 1305 N. Patterson Park Ave

AACo. 5-31 250B

80755 HEALTH DEPARTMENT—CITY OF BALTIMORE 80755

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womans Hospital St. 14-20 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. 3 mos. [illegible] ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene W. Cutler.

(a) Residence: No. 1840 California St., Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX [redacted] Color or Race: female white

5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Cutler.

6. DATE OF BIRTH (month, day, year): Jan. 27, 1862

7. AGE — Years: 70 | Months: 4 | Days: 22 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk. 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Veterans Bureau

10. Date deceased last worked at this occupation (month and year): June 1932

11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

13. NAME: ? Allen.

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Charles Cutler.
(Address): 1840 California St, Wash. DC

18. BURIAL, CREMATION, OR REMOVAL
Place: Philadelphia Date: 6-22-1932

19. UNDERTAKER: Wm Ott
(Address): 1217 E. Pratt St

FILED: 20 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to June 19, 1932
I last saw h.er alive on June 19, 1932 death is said to have occurred on the date stated above, at 12 32 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/16/32
Hypostatic Pneumonia	6/16/32

Other contributory causes of importance:

Cardio Vascular renal disease	?

Name of operation: none. Date of: ✓

What test confirmed diagnosis? Clinical. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph J. Schorr, M. D.

(Address) Womans Hospital.

1-30—M. & T.—100 B—50L

E 80756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80756

CERTIFICATE OF DEATH

REGISTERED NO. 82-902

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 22 Mallow Hill Ave (St.) 26-71 (WARD)

2-FULL NAME Mary A. Maag

(a) RESIDENCE NO. 22 Mallow Hill Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 30th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Standard Gas. Wks. Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER August Maag

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mathilda Henkle

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Frederick Maag
(Address) 22 Mallow Hill Ave

15 Filed 1932 Huntington Williams M.D. Registrar
H. D. of H. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:
Cerebral Embolism

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.
Coroner

6/20, 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

20 UNDERTAKER H. Brauning Son

DATE OF BURIAL 6/22 1932

ADDRESS 1136 Poplar Grove

M. D. B. 1268-9

E 80757 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80757

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 16-67 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes B. Mc Manus
(a) Residence: No. 3000 Raynor Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ✓
7. DATE OF BIRTH (month, day, year): Nov. 23, 1910
8. AGE — Years: 21 | Months: 6 | Days: 26 | If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Casualty Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Balto., Md.
13. NAME: John C. Mc Manus
14. BIRTHPLACE (city or town) (State or country): Balto.
15. MAIDEN NAME: Mary Mc Sorley
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT (Address): John C. Mc Manus 3000 Raynor Ave
18. BURIAL, CREMATION, OR REMOVAL. Place: New Cathedral Date: 6-21 . 19 32
19. UNDERTAKER (Address): H. C. Brannigan Son 1136 Eutaw Place
Huntington Williams M.D. Registrar.
04832

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 18 . 1932
22. I HEREBY CERTIFY, That I attended deceased from injury . 19 . to . 19 .
I last saw h[illegible] alive on injury . 19 . Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Pelvis Shock	6/18/32
Other contributory causes of importance: Struck by automobile truck	6/18/32

Name of operation: none Date of: ✓
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/18 . 1932
Where did injury occur? Frederick Ave & Runnymede (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place: Street accident
Manner of injury: Struck by auto while crossing street
Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify:

(Signed) Joseph Pokorny Coroner . M. D.
(Address) 220 E Madison

E 80758

80758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4144 Parkside Drive St. 27-41 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John W. Barwick

(a) Residence: No. 4144 Parkside DRive St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Barwick

6. DATE OF BIRTH (month, day, year) Mar. 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70 69	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John W. Barwick

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mary A. Barwick

(Address) 4144 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL

Place W. Carmel Date June 21, 1932

19. UNDERTAKER Mrs. E. Willing & Son

(Address) 1 W. Lafayette St.

FILED JUN 21 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to June 18, 1932

I last saw him alive on June 18, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	June 16 1932

Other contributory causes of importance:

Cerebral Sclerosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John D. Peale M. D.

(Address) 936 E. Monument St.

A&Co. 5-11 250B

80759

HEALTH DEPARTMENT—CITY OF BALTIMORE

95002

CERTIFICATE OF DEATH

E 80759

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N. Gay St. 10-4th Ward)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas J. Kohlerman

(a) Residence: No. 703 N Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Kohlerman

6. DATE OF BIRTH (month, day, year) Dec 12, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
82	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Rupert Kohlerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Geiger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Kohlerman
(Address) 3106 Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 22 1932

19. UNDERTAKER Frank V. Fitzstone
(Address) 2[illegible] E. Balto St

20. FILED JUN 21 1932 [illegible] Halliwell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-19-, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18-, 1932 to June 19-, 1932

I last saw h[illegible] alive on June 19-, 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Stroke - Cardio-Vascular Dis.	
b - General - Cardiac failure	
(Other contributory causes of importance:	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank O'Rourke, M. D.

(Address) 125 S. Broadway

80760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80760

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Giacomina Palmisano

(a) Residence: No. 29 E. Wheeling St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Pietro Palmisano

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Michael Sansone

(Address) 341 Warren ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 6/22/32

19. UNDERTAKER Frank W. Dipitro

(Address) 251 S. Eutaw St

JUN 21 1932

20. FILED Huntington Wilson, Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to June 19, 1932

I last saw her alive on June 19, 1932 death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
& Metastasis to Ant. Abdominal Wall	

Other contributory causes of importance:

Toxemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Young M. D.

(Address) St. Josephs Hosp

M. D. H. 1268-9

E 80761

E 80761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6720 Harman Hill Road St. 6-37 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Madison Swanson

(a) Residence: No. 6720 Harman Hill Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 8-1914

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	18	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Ink

10. Date deceased last worked at this occupation (month and year) June 32

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore (Canton) Md.

FATHER

13. NAME William Madison Swanson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie M. Sudnet

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William Madison Swanson Father

(Address) 6720 Harman Hill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Cemetery Date 6/23/32

19. UNDERTAKER Jos. Hoffman & Son

(Address) 1434 E. Baltimore St.

20. FILED June 1932 Huntington Wallace, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19- 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to June 19 1932

I last saw him alive on June 19 1932 Death is said to have occurred on the date stated above, at 8.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute arthritis	June 7
with (empyema)	

Other contributory causes of importance:

acute endocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright M. D.

(Address) 6014 E. Edmondson Ave.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

30762

CERTIFICATE OF DEATH

E 30762

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Helen Richardson

(a) Residence: No. 2236 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25 1893

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ....min.
	38	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edward C. Klein

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Katherine Hartman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Edw. C. Klein
(Address) 3236 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date June 22 1932

19. UNDERTAKER John Veltkrich
(Address) 2098 Edgewood St.

20. JUN 21 1932 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to June 19, 1932

I last saw her alive on June 19 1932 death is said to have occurred on the date stated above, at. 3 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia with Bilateral Empyema	

Other contributory causes of importance:

Anemia

Name of operation Thoracotomy Date of 6/1/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. F. Young, M. D.

(Address) St. Joseph Hosp.

Director

M. D. B. 1268-9

E 80763 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80763

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Vine St. 4-Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L. Cook

(a) Residence: No. 702 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 28-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. W. Cook

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. E. Cook

(Address) 702 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 21 '32

19. UNDERTAKER Samuel Otterbein

(Address) 1128 N. Eutaw St.

JUN 21 1932

Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Convulsion	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Talbot M. D.
Coroner

6/21/32 (Address) 733 E. Eutaw St.

M. D. R. 80764

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80764

CERTIFICATE OF DEATH

V 161-004

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-21 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Newsome

(a) Residence: No. 1319 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Bl.	.....

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) June 17, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
.....	.....	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Garnett Newsome

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Kathleen Bass

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Garnett Newsome
(Address) 1319 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date June 21, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

Huntington Williams, Jr.
Registrar.

JUN 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932 to June 20, 1932

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of the newborn	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Charles H. Peckham M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

80765 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80765

10V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St., 22-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 3 ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Sonia Hopkins

(a) Residence: No. 610 So. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Dec 16, 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

PERSONAL AND FAMILY

13. NAME Hazie Hopkins

14. BIRTHPLACE (city or town) (State or country) Mississippi

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hazie Hopkins
(Address) 610 So Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 6/21 1932

19. UNDERTAKER Walter B. Spruse
(Address) 3 Mt Auburn St Baltimore, Md

20. FILED 6 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932 to June 19, 1932
I last saw h[illegible] alive on June 19, 1932 death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	4/5/32
Other contributory causes of importance: Secondary hemorrhage from Tracheotomy wound	6/19/32

Name of operation Tracheotomy Date of 5/5/32

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter Meranski M. D.

(Address) Lyden ham Hospital

80762

E 80766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-26 Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Brown

(a) Residence: No. 707 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Rosa Merritt

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rosa Brown
(Address) 707 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date June 21 1932

19. UNDERTAKER James A Taylor
(Address) 1122 Pennsylvania Ave
Hunting for Williams, Reg.

6 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932, to June 20, 1932.

I last saw h[er] alive on June 19, 1932. Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Left upper } contin.	
Right lower }	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milford H. Spreeler M. D.
(Address) University Hospital

E 80767

M. 80767.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 1170-69

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1939 (Street) West Lexington St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Dougherty

(a) Residence: No. 1939 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of Single
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Carr

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Murphy
(Address) 714 Springfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 22 1932

19. UNDERTAKER John A. Modes
(Address) 3000 E. Baltimore St.

20. FILED JUN 21 1932 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16 1932 to June 19 1932

I last saw h.. alive on June 18 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocardiasis	

Other contributory causes of importance:

Acute cardiac dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

80768

HEALTH DEPARTMENT—CITY OF BALTIMORE

80768

CERTIFICATE OF DEATH

104-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 18 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Robert Gettier

(a) Residence: No. 3025 Westfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edmund Gettier

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Daniel Palmer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edmund Gettier
(Address) 3025 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 6/22/1932

19. UNDERTAKER Leonard Boyd
(Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 21, 1932
I last saw him alive on June 21 1932 death is said to have occurred on the date stated above, at 7 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute septic Rhino-Pharyngitis (streptococcus)	6/13/32
Other contributory causes of importance:	
Toxic Myocarditis	6/20/32

Name of operation None Date of

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Peter Meranski M. D.
(Address) Sydenham Hospital

80769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80769

CERTIFICATE OF DEATH

93-003

1-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Eastern Ave St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Sapliwy

(a) Residence: No. 2224 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~XXXXXX~~ Julianna Sapliwy

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Samuel Sapliwy

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Julianna Sapliwy
(Address) 2224 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date June 23 1932

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

DATE RECEIVED 1932 Registrar

211933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h— alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6.30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Herzog M. D.
Coroner

(Address) 305 N Fulton Ave

M. D. B. 1268-9

80770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80770

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Andrew Janczewski

(a) Residence: No. 1807 Lancaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Emelia Janczewski

6. DATE OF BIRTH (month, day, year) ABOUT November 30 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Thomas Janczewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva Nowicki

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Emelia Janczewski.

(Address) 1807 Lancaster street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date June 24th 1932

19. UNDERTAKER George A Fletcher

(Address) 701 S. Bond street

21 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to June 20, 1932

I last saw him alive on June 20, 1932. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	4 mos.
Chronic Alcoholism	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M B Kirsh M. D.

(Address) Sinai Hosp.

1-30—M. & T.—100 B—501.

E 80771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-91

E 80771

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST., 1-1 WARD)

2-FULL NAME Nicholas G. Hartman

(a) RESIDENCE NO 2914 O'Donnell ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? about 60 yrs. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara Hartman

6 DATE OF BIRTH (month, day, and year) April 2 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John G Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chris J Hartman

(Address) 2914 O'Donnell St

15 11832

Huntington Williams M.D.
Registrar
of Vital Statistics

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Middle River

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B F Herzog M.D., M. D. Coroner

6/22, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL June 22 1932

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 703 S. Wolfe St

M. D. B. 1268-9

E 80772

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80772

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 14 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Margaret Hoffmann

(a) Residence: No. Silver Spring Ave. St., Fullerton Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Hoffmann

6. DATE OF BIRTH (month, day, year) 2/16/94

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
38	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co Md.

FATHER

13. NAME Gotlieb Hauf.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Dietz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. H. Hoffman

(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 23 1932

19. UNDERTAKER Fred. Lasagna & Son

(Address) 744 Belair Rd. Baltimore, Md.

21 1932 [illegible] A-Offs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 20, 1932

I last saw h[illegible] alive on June 20, 1932. Death is said to have occurred on the date stated above, at 6[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:

Name of operation Amp. L. Leg Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Goodman, M. D.

(Address) Sinai Hospital

AaCo. 5-31 250B

80773 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80773

CERTIFICATE OF DEATH

161-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Stewart

(a) Residence: No. University Hospital St., 1616 W Fayette Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-14-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
				1½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hosp Balto. Md

FATHER

13. NAME Boyce Stewart
14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Catherine Hannah
16. BIRTHPLACE (city or town) (State or country) Knoxville Tenn

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 20, 1932

19. UNDERTAKER [illegible]
(Address)

Huntington W Virginia
6/20/32 Registrar

1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1932 to 6-14, 1932
I last saw him alive on 6-14, 1932 death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	6-14-32
Prematurity	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? None as there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris Reese M. D.
(Address) University Hospital

AdCo. 5-11 250B

80774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80774

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital) 4-69 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos. ....ds. How long in U.S. If of foreign birth? .....yrs. ....mos. .....ds.

2. FULL NAME Baby Girl Branson

(a) Residence: No. 2105 Eutaw Pl., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-27-32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		18 hr	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER OR FATHER

13. NAME Bessie Higgins

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Doris Branson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md Date June 20, 1932

19. UNDERTAKER [redacted]
(Address)

20. Filed 1932 Huntington Williams, M.D.
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1932, to 6-14, 1932

I last saw him alive on 6-14, 1932 death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (32 weeks)	5-27-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Logan T. Kerrigan M.D.

(Address) Univ. Hosp.

M. D. B. 1268-9

80775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001 E 80775

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Jacob Simmons

(a) Residence: No. 2110 N. Fulton Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	57	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John Simmons

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Rehbine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Married Friend
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date June 22 1932

19. UNDERTAKER J. Schlosman & Son
(Address) 1039 Hanover st

21 1932 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 19, 1932

I last saw h alive on June 19, 1932. Death is said to have occurred on the date stated above, at 6-20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8 Days
Other contributory causes of importance:	
Auricular Fibrillation	7 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Simon Bryer, M. D.

(Address) Mercy Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80776 E 80776

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Jefferson St. 5-8 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Scott

(a) Residence: No. 1231 Jefferson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Scott

6. DATE OF BIRTH (month, day, year) July 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Weaver 1917 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Lincolnton Co.

13. NAME Samuel Wilkes

14. BIRTHPLACE (city or town) (State or country) Lincolnton Co.

15. MAIDEN NAME Augusta Tilden

16. BIRTHPLACE (city or town) (State or country) Lincolnton Co.

17. INFORMANT John Scott
(Address) Graceland Md

18. BURIAL, CREMATION, OR REMOVAL
Place Barnes Chapel Graceland Date June 22 19...

19. UNDERTAKER Chas. H. Eckels
(Address) Huntington Ave. Baltimore, Md.

20. FILED JUN 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1932, to June 19th, 1932

I last saw h[illegible] alive on June 19th, 1932 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Mitral Secondary Anemia
Questionable arteriosclerosis

Date of onset

Other contributory causes of importance:

Fibroid.
Fibroma of Ovary
Adenomatous Kidney

Name of operation Hysterectomy Date of 5/9/32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Morris A. True M. D.

(Address) 120 Cirzuit St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80777

E 80777

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 16-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Upshur Long

(a) Residence: No. 616 N. Payson St., Ward. Princess Anne Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Long

6. DATE OF BIRTH (month, day, year) Sept 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER FATHER

13. NAME Sidney C. Long

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

15. MAIDEN NAME Josephine Hayman

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

17. INFORMANT Sarah Long

(Address) 616 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Md. Date June 23. 1932

19. UNDERTAKER Henry W. Measedon

(Address) 605 N. Calvert St.

20. FILED 1932 Interment in Milgrove, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8th . 1932. to June 21st . 1932

I last saw him alive on June 21st . 1932. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines & Metastases to liver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Abercrombie . M. D.

(Address) St. Agnes Hospital

Spec.—9-30—A. & Co.—250 Blks.

80778 E 80778

80778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

XV137

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Gottlieb Rentz

(a) RESIDENCE NO. Felton, Delaware ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta S. Rentz

6 DATE OF BIRTH (month, day, and year) April 21, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Williamsport, Pa

PARENTS

10 NAME OF FATHER John Rentz

11 BIRTHPLACE OF FATHER (city or town) Williamsport (State or country) Penn.

12 MAIDEN NAME OF MOTHER Mary Hoam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Williamsport, Pa

14 Informant Clara S. Rentz (Address)

15 Filed JUN 22 1932 19 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 21, 1932

that I last saw h[illegible] alive on June 21, 1932

and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy with bilateral Hydronephrosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of June 17, 1932

Was there an autopsy? Yes

What test confirmed diagnosis? Hist. Physical - Laboratory tests autopsy

(Signed) J. Frank Heuisler M. D.

(Address) The Church Home & Infirmary.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Barratts Chapel — DATE OF BURIAL June 25 19 32

20 UNDERTAKER Wm. A. Berry — ADDRESS Felton Del.

Spec.—1-30—M. & T.—250 Bks

E 80779

E 80779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Laurens St. 14-20 WARD)

2-FULL NAME Evelyn Collins

(a) RESIDENCE NO. 521 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-?-1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. J. Collins

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Sandiville

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Wm. Collins Father
(Address) 521 Laurens St.

15 [illegible] 1932 16 Huntington Williams M.D.
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19-32

17 I HEREBY CERTIFY, That I attended deceased from 6-1-, 1932, to 6-19, 1932,
that I last saw her alive on 6-19, 1932,
and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Phthisis

(duration) yrs. 4 mos da.

CONTRIBUTORY (Secondary) Unknown

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Examination

(Signed) Frank L. Saunders, M. D.

6-20-1932 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL June 22 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

M. D. B. 1268-9

E 80780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80780

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 714 S Conkling St., 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Pleister

(a) Residence: No. 714 S Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12. 32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Pleister

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Mildred Meister

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Pleister

(Address) 714 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 22. 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 N. Wolfe St.

Huntington Williams, N.S.

Registrar.

6221932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12 1932 to June 21 1932

I last saw h... alive on June 21 1932. Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Burn	
Other contributory causes of importance:	
Exhaustion	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William C Cyrus M. D.

(Address) 801 N. Charles St

Spec.—2-29-28—L. F. S.—500 Bks.

E 80781

E 80781

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 731 W Saratoga ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Giles Henry De Corsey

(a) RESIDENCE NO. 731 W Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Daughter

(Address) 731 W Saratoga

Huntington Mallows, M.D.

Registrar

JUN 22 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to June 20, 1932

that I last saw h/M alive on June 20, 1932

and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Disease with Acute Cardiac Dilatation

(duration) yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George MC Donald M. D.

, 19 (Address) 900 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	June 22 1932
20 UNDERTAKER James A Bruce	ADDRESS 142 Ostend

AdCo. 5-31 250B

E 80782

E 80782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 N. Carolina St. 10-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Rebecca Bennett

(a) Residence: No. 924 N Carolina St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Meyers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Collins
(Address) 924 Carolina St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Zion Date June 23 1932

19. UNDERTAKER Ida Snowden
(Address) 1220 Madison

JUN 21 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 21 1932

last saw h[illegible] alive on June 20 1932 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	Dec 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury /

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo S Collins M. D.

(Address) 509 Cumberland St

Spec.—1-12-23—MAT—500 Bks.

80783

E 80783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 McCulloh St. 14-20 WARD)

2-FULL NAME Alice Grayson

(a) RESIDENCE NO. 1936 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Grayson

6 DATE OF BIRTH (month, day, and year) Feb. 26, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	52	3	26 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bacto

PARENTS

10 NAME OF FATHER Henry Wordo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Helen Georges
(Address) 1936 McCulloch

15 Filed JUN 27 1932, 19 Huntington W. Willard, M.D. Registrar (Director)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 20, 1932, that I last saw h.e alive on June 20, 1932, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. N. Pigott, M. D.

6/21, 1932 (Address) 1536 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL June 23 1932

20 UNDERTAKER James A Hayes — ADDRESS 142 W Fayette

80784

E 80784

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V47

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Eye Ear & Throat Hosp REGISTERED NO. 2863

CITY OF BALTIMORE: (No. 1214 Eutaw St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Taxis

(a) RESIDENCE. NO. 5232 Reisertown Rd ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a If married, widowed, or divorced HUSBAND of Mrs. Bertie Taxis

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woddenburg. Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant Russell C. Hosfeld. (Address) 2810 Woodbine Ave.

6-21-1932. 19 Huntington Williams M.D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUNE 21 1932

17 I HEREBY CERTIFY, That I attended deceased from JUNE 9, 1932, to JUNE 21, 1932, that I last saw h.t.M. alive on JUNE 20, 1932, and that death occurred, on the date stated above, at 4:45 A.m.

The CAUSE OF DEATH* was as follows:

POST OPERATIVE BRONCHO-PNEUMONIA

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) CARCINOMA of LARYNX.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of JUNE 11, 1932

Was there an autopsy? No

What test confirmed diagnosis? EXAM. BIOPSY

(Signed) Joseph D. Kemler, M. D.

19 (Address) 1908 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL June 23, 1932

20 UNDERTAKER Franklin W. Seitz ADDRESS 709 W. 33rd St.

M. D. B. 1268-9

80785 E 80785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Guilford Ave St. 10-15 Ward)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 12 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary E Watkins

(a) Residence: No. 1200 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo E Watkins

6. DATE OF BIRTH (month, day, year) Sept 9th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) June 20 1932

11. Total time (yearly) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME James C Clifford

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Mulligan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George E Watkins
(Address) 1200 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 23rd 1932

19. UNDERTAKER Charles P Powell
(Address) 904 Edmondson Ave

Huntington West Va

FILED JN 22 1932

Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1919 to ..... 19.....

I last saw her alive on June 18 1932 Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Chr. Interstitial Nephritis	?
Other contributory causes of importance: Cholelithiasis & Obesity	34 yrs.

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm R Speaght M. D.

(Address) 2775 St Paul St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 80786

E 80786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1825 Vine ST. 20-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Bryan

(a) RESIDENCE NO. 1825 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

6 If married, widowed, or divorced (HUSBAND of / (or) WIFE of) James Bryan

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Maryland

11 NAME OF FATHER /

11 BIRTHPLACE OF FATHER (city or town) (State or country) /

12 MAIDEN NAME OF MOTHER /

13 BIRTHPLACE OF MOTHER (city or town) (State or country) /

14 Informant Eugene Moore

(Address) 1419 W. Lexington St

15 Filed 6-22, 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19-1932

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to June 19, 1932

that I last saw her alive on June 18, 1932

and that death occurred, on the date stated above, at 7 10 P.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? /

What test confirmed diagnosis?

(Signed) Walter W. Wirtz Jr. M. D.

6/21, 1932 (Address) 2800 N. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery

DATE OF BURIAL June 22, 1932

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 322 N Schroeder St

M. D. B. 1268-9

E 80787

80787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 2169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2142 Wilkens Ave) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine A Hasson

(a) Residence: No. 2142 Wilkens Avenue Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Thomas J Hasson

6. DATE OF BIRTH (month, day, year) July 25, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Atkinson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Agle

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John B. Fenby

(Address) 2142 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 23 1932

19. UNDERTAKER F. B. Wippert

(Address) 1850 W. Baltimore St.

FILED 6/21/1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/9/32, 19..., to June 20, 1932

I last saw her alive on June 20, 1932 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage —	15 days
Other contributory causes of importance:	
Arteriosclerosis —	7 yrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) Willy Hemming M. D.

6/21/32 (Address) 2000 Hallins Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80788

CERTIFICATE OF DEATH

97 E 80788

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3015 Eastern Ave St. 1-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Hart

(a) Residence: No. 3015 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Hart

6. DATE OF BIRTH (month, day, year) Oct. 17 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Samuel Jones

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Annie E. Reese

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs. Harry A. Gehrman
(Address) 3015 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 24 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED JUN 22 1932 Huntington Williams, M.D.
Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1932 to June 19, 1932

I last saw h-r alive on June 19, 1932 Death is said to have occurred on the date stated above, at 10 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis.	
Arteriosclerosis,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) W. M. Insley M. D.

(Address) 2988 Ballo St.

M. D. B. 1268-9

80789 E 80789

80789 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Huron St. 25 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances A R. Dowell

(a) Residence: No. 2405 Huron St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Frances Rogers

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT John Dowell (Address) 2411 Huron St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date June 22 1932

19. UNDERTAKER Joseph A. Lively (Address) 409 N. Mount St Local

Huntington Williams, Md.

20. FILED ... Registrar.

6 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18/1932

22. I HEREBY CERTIFY, That I attended deceased from 5/22/1932 to 6/18/1932

I last saw h or alive on 6/18/1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/14/32
Other contributory causes of importance:	
Myocarditis	6/22/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. B. Howe Kemp M. D.

(Address) 912 Calvert St

E 80790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80790

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 22-34 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Norton

(a) Residence: No. 17 W. Lee St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Norton

6. DATE OF BIRTH (month, day, year) Aug. 21, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thomas Norton

14. BIRTHPLACE (city or town) (State or country) ? Ireland

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Forans Date June 23, 1932

19. UNDERTAKER (Address) Margaret E. J. Flynn 1422 Light St.

20. FILED 6-24-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932 to June 21, 1932

I last saw him alive on June 21, 1932. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr. + [illegible]	2 weeks
Alcoholism, chr.	[illegible]
Nephritis, chr.	1"

Other contributory causes of importance:

[illegible]

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas. E. Lenox M. D.

(Address) City Hosp.

M. D. B. 1268-9

ME 80791

80791 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin Forman

(a) Residence: No. 1108 N. Bard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 5-9-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Morris Forman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Cedra

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Forman

(Address) 1920 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 6-22-32

19. UNDERTAKER Jos Reuss Inc

(Address) 533 E. Balto St

20. FILED JUN 21 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 19 to June, 19 Death is said I last saw h alive on June, 19

to have occurred on the date stated above, at 5.32 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull Intracranial hemorrhage	6/21/32
Other contributory causes of importance: Shock hypostatic	6/21/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 6/21, 1932

Where did injury occur? Philadelphia Rd West of York Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Motor cycle driven by truck

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Joseph V. Feeney M. D.

(Address) 2400 E Madison St Company

AdCo. 5-31 250B

80792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80792

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1114 McCulloh Ave St., or 16 Ward 22

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary V. Burton

(a) Residence: No. 1114 McCulloh Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late William Burton

6. DATE OF BIRTH (month, day, year) July 16th 1841

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 33

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Thomas A Cramblitt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Sisko

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lorg A Ohlendorf
(Address) 1114 McCulloh Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 6/25/1932

19. UNDERTAKER John F Edwards & Son
(Address) 961 William St.

20. FILED JUN 27 1932 Huntington Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/1932

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1932 to June 22, 1932 that I saw h[illegible] alive on [illegible] 1932 death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a)	
(b) Cerebral Hemorrhage	6/19/32
(c)	
(d)	

Other contributory causes of importance:

None	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

M. D. B. 1268-A

80793

HEALTH DEPARTMENT—CITY OF BALTIMORE 80793

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Remington ave Ward 52-51

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Engelhardt

(a) Residence: No. 3040 Remington Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine

6. DATE OF BIRTH (month, day, year) Mar 16, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shopman 38

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Rwys

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Balthasar Engelhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Gerhold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Engelhardt
(Address) 3040 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 23, 1932

19. UNDERTAKER F. Horgan Keeper
(Address) 1330 to Pleasant St

FILED JUN 27 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931. to June 20, 1932
I last saw h[illegible] alive on June 20, 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Angina Pectoris	June 20

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Kelly Apps, M. D.

(Address) 1216 E. Preston St.

M. D. B. 1268-9

Hanawalt

80794 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80794

CERTIFICATE OF DEATH

28

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 15-62 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Zaida M. Hanawaldt

(a) Residence: No. 3710 Sequoia ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. James C. Hanawaldt

6. DATE OF BIRTH (month, day, year) Aug 20 - 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Pa

FATHER

13. NAME Thomas Galbreath

14. BIRTHPLACE (city or town) ..... (State or country) Pa

MOTHER

15. MAIDEN NAME Belle Shaver

16. BIRTHPLACE (city or town) ..... (State or country) Pa

17. INFORMANT James C Hanawalt
(Address) 3710 Sequoia Ave

18. BURIAL, CREMATION OR REMOVAL
Place Mt Union Pa Date June 23 1932

19. UNDERTAKER George J Smith
(Address) 753 Collins Ave

20. FILED JUN 24 1932 Huntington Williams Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 21 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 - 3 - 1932 to 6 - 21 - 1932

I last saw her alive on 6 - 21 - 1932 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lupus erythematosus (Tuberculous origin??)	Spring 1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R France M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

✓ E 80795

80795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N Port St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Bonhom

(a) Residence: No. 521 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antone Bonhom

6. DATE OF BIRTH (month, day, year) Nov. 9 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Bonhom (Address) 521 N. Port St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 23, 1932

19. UNDERTAKER William J. Schaefer (Address) 466 Fremont Ave

JUN 22 1932 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to June 21, 1932

I last saw h alive on June 21, 1932 Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Hypertension	about 1 yr ago.
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Lentz M. D.

(Address) 410 N Rosemont

1-30—M. & T.—100 B—50L

E 80796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80796

CERTIFICATE OF DEATH

164-001

REGISTERED NO. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2572 W. Fayette ST. ... WARD ...

2-FULL NAME Ferdinand Brüggemann

(a) RESIDENCE NO. 2572 W. Fayette ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Brüggemann

6 DATE OF BIRTH (month, day, and year) April 8, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 214
(c) Name of employer Wm. Süchting

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Brüggemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Niemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena Brüggemann

(Address) 2572 W. Fayette St.

15 Filed JUN 21 1932 192 Hunting ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Thomas M. D. Coroner

6/20 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Violetsville

DATE OF BURIAL June 23 1932

20 UNDERTAKER Mr. Mrs. John N. Teufel & Son

ADDRESS 801 W. Fayette St.

M. D. B. 1951-A

80797

E 80797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp St. 23-31 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lola Brown

(a) Residence: No. 128 Wilmer St., 128 Hunter St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): [illegible]

7. AGE: Years 20? Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fairfield Ala

MOTHER FATHER

13. NAME: Edward

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Nannie Herring

16. BIRTHPLACE (city or town) (State or country): Bristol

17. INFORMANT: Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cmty Date July 22, 1932

19. UNDERTAKER: Walter B. Songer
(Address) 39 W Hamburg St.

FILED 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1932 to 6/19, 1932

I last saw her alive on 6/19, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	5-5-32
Other contributory causes of importance: Pericarditis, purulent (Pneumococcic)	6-15-32

Name of operation: Pericardiotomy Date of 6-18-32

What test confirmed diagnosis: Clinical + Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas S Arnold Jr M. D.

(Address) ...

Spec.—2-29-28—L. F. S.—500 Bks.

E 80798

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80798

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH Maryland Gen. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Arnold

(a) RESIDENCE NO. 2452 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-22-37

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hr.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Raymond Howard Arnold

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Cora Hilda Ditty

13 BIRTHPLACE OF MOTHER (city or town) Prince Geo. Co.
(State or country) Md.

14 Informant Hospital Records
(Address)

15 Filed , 19 Registrar

2 2 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-37

17 I HEREBY CERTIFY, That I attended deceased from 6-22-37, 19..., to 6-22-37, 1937, that I last saw h e alive on 6-22-37, 19 37 and that death occurred, on the date stated above, at 6:00 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature rupture of membranes (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Robert V. Chenault, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins Med College — DATE OF BURIAL: June 23 1937

20 UNDERTAKER: Bureau of Health — ADDRESS

AdCo. 5-31 250B

E 80799 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80799

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp., St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Chalk

(a) Residence: No. Gader Hill road, ... county St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

mother's

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	X

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) 6/18/38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.
1.15min	X	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Francis Chalk
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Wahlbrunter
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 2 19 38

19. UNDERTAKER [illegible]
(Address)

20. Filed [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 6 PM. (6/18/38) . 19 ..., to 7.15 PM - 6/18 1938
I last saw him alive on 6/18/38 19 ... death is said to have occurred on the date stated above, at 7.15 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Maternal epilepsy	

Other contributory causes of importance:

Maternal epilepsy	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) St Joseph Hosp

21832 Stuntington [illegible] Registrar.

1-30—M. & T.—100 B—501

92-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80800

CERTIFICATE OF DEATH

E 80800

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2313 Maryland Ave ST., 12-51 WARD

2-FULL NAME Katharine Renwick Diffenderffer

(a) RESIDENCE NO. 2313 Maryland Ave ST., 12 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? 64 yrs. 8 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. H. Diffenderffer

6 DATE OF BIRTH (month, day, and year) Sept 28 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Custom House
(c) Name of employer U. S. Government Balto.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Renwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Mary Bottomer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Katharine R. Diffenderffer (wife)

(Address) 2313 Maryland Ave

15 [illegible] Huntington Williams M.D.

6 7 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John M. Rosenau, M. D. Coroner

(Address) 1432 Boland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL June 23 1932

20 UNDERTAKER Howard Latimer Co

ADDRESS Balto

M. D. B. 1268-9

E 80801 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80801

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals - 17 St., 6 Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecilia Ruth

(a) Residence: No. 1521 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Ruth.

6. DATE OF BIRTH (month, day, year) Aug 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F Baker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Degnard.

16. BIRTHPLACE (city or town) (State or country) ~~Balto~~ Canada

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London, York Co. Pa. Date 6/24/32

19. UNDERTAKER [illegible] Eutaw St.
(Address) Huntingdon Lewisville, Pa.

6/27/1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1932 to 6-22, 1932

I last saw her alive on 6-22, 1932 Death is said to have occurred on the date stated above, at 8:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt. Antrum (Extensive)	1931 Jan.
Acute Heart Failure (Angina)	2 days

Other contributory causes of importance:

Name of operation Excision of Tumor Date of 6-11-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther E. Case M. D.

(Address) Balto City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

V.

80802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 80802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 9-46 WARD)

2-FULL NAME Fred Ritter

(a) RESIDENCE NO. 656 Bartlet Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, professioo or particular klod of work Clerk

(b) General nature of lodustry, business, or establishoent lo which eoployed (or employer)

(c) Name of eoployer City

9 BIRTHPLACE (city or towo) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Fred Ritter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Miss Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) D.C.

14 Informant Mrs. Geo. Fruehauf
(Address) 1212 Chilton St.

15 [illegible] Huntington, Williams [illegible]
JUN 21 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/32

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 21, 1932
that I last saw him alive on June 21, 1932
and that death occurred, on the date stated above, at 8:17 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Hypertension and Nitrogen Retention 6+

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duratioo) yrs. mos. ds.

18 Where was disease contracted If oot at place of death? Home

Did an operatioo precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory Findings

(Signed) Richard V. Hoover M. D.

6/21/1932 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dalto Cem.	6-25 19 32

20 UNDERTAKER Earle

ADDRESS 1156 West St.

M. D. B. 1168-9

E 80803 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

26165

CERTIFICATE OF DEATH x 46 E 80803

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-9 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris T. Rose

(a) Residence: No. 1327 Los Angeles St. St., ... Ward. Los Angeles Apt.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Julia Lee Rose

6. DATE OF BIRTH (month, day, year) May 15th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Rose

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date 6-22- 1932

19. UNDERTAKER Lace Rennie Inc
(Address) 739 Eddy St Huntington Williams, W. Va.

20. FILED 6-24-1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1932, to June 22nd, 1932

I last saw him alive on June 22, 1932. Death is said to have occurred on the date stated above, at 4.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas with metastasis to liver	
Obstructive jaundice. Gastric hemorrhage	

Other contributory causes of importance:

Name of operation Cholecystgastrostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis Smith M.D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

(Reinsfelder)

80804 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 80804

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 E. Fairmount St. 8-17 Ward)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Reinsfelder

(a) Residence: No. 2032 E Fairmount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Reinsfelder

6. DATE OF BIRTH (month, day, year) April 12, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Weinkamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank J. Reinsfelder

(Address) 2032 E Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 23 1932

19. UNDERTAKER Chas. L. Steinwedel Sons

(Address) 1812 E Lombard

Date 6-21-1932 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 20, 1932

I last saw h.. alive on June 20, 1932 death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	June 1931
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
Nausea	1 day

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. J. Stevens, M. D.

6-20-32 (Address) 2878 Frankford

M. D. B. 1268-9

80805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80805

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1137 N. Parrish (Ward) 16-22

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Hill

(a) Residence: No. 1137 N. Parrish (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 13-1930

7. AGE: Years 1 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent at this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Louis Thornton

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Margaret Hill

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Margaret Hill

(Address) 1137 N. Parrish

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan. 28 . 1932

19. UNDERTAKER: Thomas E Kelson

(Address) 1302 Pressman St

12 21 1932 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27th . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
5 Days	
Other contributory causes of importance:	
Whooping Cough	

Name of operation ... Date of ...

What test confirmed diagnosis: Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

A&Co. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80806 E 80806

CERTIFICATE OF DEATH

Registered No. 130

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 E Chase St.) (Ward) 5-13

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Bernice Kellum

(a) Residence: No. 1514 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 21 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	9	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER

13. NAME Rufus Kellum
14. BIRTHPLACE (city or town) Md
(State or country)

FATHER

15. MAIDEN NAME Blanche Bailey
16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Rufus Kellum father
(Address) 1514 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 23 1932

19. UNDERTAKER Robert W Williams
(Address) 1516 McElderry St

20. FILED 2 21 1932 Huntington Williams, Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4 1932, to June 20, 1932

I last saw h er alive on June 20 1932 death is said to have occurred on the date stated above, at 10 30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Acute Nephritis	June 4, 1932

Other contributory causes of importance:

Mitral Insufficiency and generalized Anasarca	unknown

Name of operation none Date of

What test confirmed diagnosis? Surgical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. H. Young, M. D.

(Address) 1429 E Monument St

Spec.—6-9-19—H. P. Co.—1000 Bks.

80807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80807

CERTIFICATE OF DEATH.

94-002

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE (No.) 3202 Virginia Av ST. (or) 27-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G. Wallace

(a) RESIDENCE. NO. 1754 N 57th St Phila Pa ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Wallace

6 DATE OF BIRTH (month, day, and year): Sept 6-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS
10 NAME OF FATHER: Boswell Wallace
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Louisa Greenwalt
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Annie Wallace
(Address) 3202 Virginia Ave

15 Filed ..... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1932

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 21, 1932,
that I last saw him alive on June 21, 1932,
and that death occurred, on the date stated above, at 3:30 m.
The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical Ex.
(Signed) James E. Ashurst, M. D.
6-22 1932 Address 4012 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	June 24 1932

20 UNDERTAKER: H. H. Marshall — ADDRESS: 5539 Falls Rd

E 80808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80808

CERTIFICATE OF DEATH

√ 139-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp Ward) 24-33

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabell Vermillion

(a) Residence: No. ~~Hot Guilford Ave~~ St., 109 Warren Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work at Dockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dover Md

MOTHER FATHER

13. NAME Alfred C Vermillion

14. BIRTHPLACE (city or town) (State or country) Glendale Md

15. MAIDEN NAME Jamie Frazer

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mrs William A Frazer
(Address) 109 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Glendale Church Date June 24 1932

Glendale Md
19. UNDERTAKER John T Denny
(Address) 715 Light St

20. FILED JUN 25 1932 H. L. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/14/32, 19... to 6/21, 1932
I last saw h[illegible] alive on 6/21 1932 death is said to have occurred on the date stated above, at 5 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Superficial Thrombosis	Jan 1st
Pulmonary Embolism	6 hrs
Bilateral Pyo Hemo Salpingitis	
Other contributory causes of importance:	

Name of operation Bilateral Salpingectomy Date of 6/2
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Harry Cohen M. D.
(Address) West Balto Gen Hosp

M. D. R. 1265-9

80809

HEALTH DEPARTMENT—CITY OF BALTIMORE

80809

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 36-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda Walker

(a) Residence: No. 2312 Harmony Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year) 9-19-76

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Neal

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date June 23 1932

19. UNDERTAKER Henry Sander & Sons Inc. H. Sander
(Address) Baltimore St. & Broadway.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/19/ 1932 to 6/20/ 1932

I last saw h... alive on 6/20/ 1932 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Friedreich's Ataxia	1 year (?)
Respiratory failure	6/20/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) J. K. Corse M. D.

(Address) Baltimore City Hospitals

A&Co. 5-31 250B

80810

HEALTH DEPARTMENT—CITY OF BALTIMORE

80810

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Lewis St., 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Reaves

(a) Residence: No. 409 Lewis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ira Reaves

6. DATE OF BIRTH (month, day, year) Sept 5 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 0.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentist

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Lewis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Ira Reaves
(Address) 409 Lewis St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date June 23, 1932

19. UNDERTAKER Thos J. Fitch
(Address) 1302 Jefferson St.

20. FILED ..... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to June 21, 1932

I last saw h.er alive on June 21, 1932 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 18 32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo S Allen M. D.

6/21/32 Address 507 Arlington St

M. D. H. 1268-9

E 80811

E 80811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Lansing St. 8-17 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Arthur Freyer

(a) Residence: No. 1631 Lansing St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Estella Freyer

6. DATE OF BIRTH (month, day, year) Sep 14.1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.. Md.

FATHER

13. NAME George Freyer

14. BIRTHPLACE (city or town) (State or country) Balto.,Md.

MOTHER

15. MAIDEN NAME Mollie ------

16. BIRTHPLACE (city or town) (State or country) Balto.,Md.

17. INFORMANT John Albert Freyer (son)
(Address) 1631 Lansing St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 24 19 32

19. UNDERTAKER [illegible]
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above at Set 1 & 6 A.M.

The principal cause of death and related causes of importance were as follows:

Proba bly Myocardial Insufficien y

Date of onset

Other contributory causes of importance:

Acute indigestion

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner . M. D.

(Address) 605 E Lanvale

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80812

CERTIFICATE OF DEATH

80812 V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Homestead St., 9-46 Ward)

Length of residence in city or town where death occurred 85 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Ritter

(a) Residence: No. 1526 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Ritter

6. DATE OF BIRTH (month, day, year) Feb 5, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 15 years

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helen Bergan
(Address) 1526 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place U S National Date June 24 1932

19. UNDERTAKER Williams Cooke
(Address) 1217 St Paul Street

20. FILED 1932 [illegible] Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to June 22, 1932
I last saw him alive on June 21, 1932 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	May 2

Other contributory causes of importance:

Chronic Interstitial Nephritis	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury ... 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify

(Signed) Geo. J. Zimmerman M.D.

6/22/32 (Address) 2458 Hartford Rd

A&Co. 5-31 250B

80813 E 80813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97-53

1. PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette Eastern St. Ward 10)

Length of residence in city or town where death occurred 69 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Wimpigler

(a) Residence: No. 590 E Melville Ave. (5809 Harwell Ave Mt Washington) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 21, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 69	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John Wimpigler

14. BIRTHPLACE (city or town) (State or country) Germ

15. MAIDEN NAME Whitmore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs E. D. Green 5808 Melville Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date June 24th 32

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED JUN 24 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 22, 1932

I last saw h.. alive on June 22, 1932 death is said to have occurred on the date stated above, at 4 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eldred Roberts, M. D.

(Address) Franklin Sq Hospital Balto Md

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80814 ✓46 E 80814

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-63 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Fannie Foreman

(a) Residence: No. 412 Garrison Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Forman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Harris Feld

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Joseph Forman
(Address) 412 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 6/24 19 32

19. UNDERTAKER Jack Levine
(Address) 439 E Balto St.

20. FILED JUN 27 1932 Huntington Williams
Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 19 32

22. I HEREBY CERTIFY, That I attended deceased from 6-2 19 32 to 6-22 19 32

I last saw her alive on 6-22 19 32 death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (abdominal)	
Other contributory causes of importance: Carcinoma of stomach	

Name of operation Laparotomy Date of 6-4-32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Andres E. Calas M. D.

(Address) Bon Secours Hospital

E 80815

E 80815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. 15-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm V. Hill
(a) Residence: No. 1573 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28-1900

7. AGE: Years 32 | Months — | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

FATHER
13. NAME Peter Hill
14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER
15. MAIDEN NAME Mary Hall
16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Mary Hall
(Address) 1573 Presstman St

18. BURIAL, CREMATION, OR REMOVAL St Mary's
Place Sacred Heart Date 6-23 19 32

19. UNDERTAKER Daniel Carter
(Address) 916 Pa ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Stab wound of heart	Sudden

Other contributory causes of importance: Postal Taxi

Name of operation ... Date of ...
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide injury June 21 32
Where did injury occur? 1313 Whalestad
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury Gunshot wound
Nature of injury Stab wound of heart

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. C. Luck Coroner, M. D.
(Address) Coroner

Spec.—8-16-29—500 Bks.

E 80816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80816

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Byrd ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nora P. Tormollan

(a) RESIDENCE NO. 1818 Byrd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 dys. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 5. 1932

7 AGE — Years | Months | Days: 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Harry J. Tormollan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Nora B. Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Harry J. Flynn

(Address) 1818 Byrd St.

15 Filed 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to June 22, 1932

that I last saw her alive on June 22, 1932

and that death occurred, on the date stated above, at 5:15 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. S. Campbell, M. D.

6/22 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: June 24 1932

20 UNDERTAKER: Margaret H. Flynn

ADDRESS: 1422 Light

M. D. B. 1268-9

E 80817 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80817

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Kathland ave St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Levy

(a) Residence: No. 4017 Kathland ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah

6. DATE OF BIRTH (month, day, year) June 25. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacconist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Reisa Levy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Silverstein

(Address) 4105 Bella ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave Date June 27 1932

19. UNDERTAKER H. L. Levinson & Bro

(Address) 1127 E Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1932 to June 22 1932

I last saw him alive on June 22 1932 Death is said to have occurred on the date stated above, at 8:33 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Myocarditis

Other contributory causes of importance:

Date of onset
Chronic

Name of operation ... Date of ...

What test confirmed diagnosis? Consultation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Francken M. D.

(Address) 1126 N Eutaw St

M. D. B. 1908
80818

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80818

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME: Mary Schwinn (Mary Jane Schwinn)

(a) Residence: No. 718 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John E. Schwinn

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mr. John E. Schwinn
(Address) 718 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 25 1932

19. UNDERTAKER Joseph B. Cook & Co.
(Address) 100 E. Lexington St.

20. FILED JUN 25 1932 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22 1932 to June 22 1932

I last saw h alive on June 20 1932 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea : Umgual fistl.	6/20/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Colon Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milford H. Sprecher M. D.
(Address) University Hospital

819 AVC 5-31 250B

E 80819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Morley St. 70-78 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosalie Margaret Mercier

(a) Residence: No. 25 N. Morley St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Robert Lee Mercier
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret W. McCormick
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Edna M. Beard (Sister)
(Address) 25 N. Morley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 24, 1932

19. UNDERTAKER Heath Hook
(Address) 1005 W. Baltimore St.

BY FILED June 24 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1930 to June 21 1932
I last saw h... alive on June 21, 1931 death is said to have occurred on the date stated above, at 7.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis and insufficiency	indefinite about 6 years
Other contributory causes of importance:	
Cardiac decompensation	

Name of operation ... Date of ...

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) ... M. D.

(Address) 3321 Frederick Ave.

M. D. B. 1268-9

E 80820 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80820

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Harris

(a) Residence: No. 907 N. Durham St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

086

12. BIRTHPLACE (city or town) (State or country) Deal's Island Md.

FATHER

13. NAME Henry Harris

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Adeline Milburn ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date Jun 24 1932

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1[illegible] Baltimore

20. FILED Jun 21 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931 to June 20, 1932

I last saw him alive on June 20, 1932. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	June 1931
Hypertension	
Other contributory causes of importance:	
Arthritis, chronic infectious	
St Vitus	

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jas Glennon M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

E 80821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80821

1. PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 21-24 St.) (Ward) 21

Registered No. 121
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Hammond

(a) Residence: No. 228 S. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hammond

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Andrew Hammond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Crowder

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Hammond
(Address) 228 S Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date June 25, 1932

19. UNDERTAKER Chas Nalle & Williams
(Address) 322 E Lexington St.
Huntington Williams, M.D.

20. FILED JUN 28 1932
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 22, 1932
I last saw him alive on June 22, 1932 death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix with generalized peritonitis	
Other contributory causes of importance: Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. T. Young, M. D.

(Address) St. Joseph Hosp

M. D. B. 1268-9

E 80822

E 80822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., 7-10 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME "Boy" Ruby

(a) Residence: No. 612 N. Kenwood St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22/32

7. AGE Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chester Ruby

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Margaret Redgrave

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Chester T. Ruby
(Address) 612 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 23. 1932

19. UNDERTAKER William G. Schaeffer
(Address) 1600 Monument St.

20. FILED JUN 27 1932 19 Huntington Mitchell, Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h.. alive on inquiry. 19 .... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Prematurity 7 Mons gest — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. H. Paca M. D.

(Address) 1006 E. Fort Ave Coroner

E 80823

1-32-M-W-B-50L

E 80823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 W. Lexington ST. 14-27 WARD)

2-FULL NAME Walter E. Gill

(a) RESIDENCE NO 1400 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82	83	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Aged Men's Home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Nicholas Gill

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mary E. Forstall

(Address) 1400 W. Lexington St.

15 Filed JUN 23 1932 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Embolism of Coronary Artery or Arteries

(duration) yrs. Suddenly mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History given

(Signed) Guy A. Cromwell, M. D. Coroner

6/23 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL June 24 1932

20 UNDERTAKER George J. Smith

ADDRESS 153 Hollins

FROM A VERY IMPORTANT See instructions on back of certificate.

A4Co. 5-31 250B

80824 HEALTH DEPARTMENT—CITY OF BALTIMORE 80824

CERTIFICATE OF DEATH

Registered No. 33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 3 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline A Straw

(a) Residence: No. Franklin Ave. (Usual place of abode) Raynor Heights Ext. Landsdowne Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Straw

6. DATE OF BIRTH (month, day, year) March 16 1894

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
38	3	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Fultze

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Heydegger

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Wm Straw (Address) Raynor Heights

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 25 1932

19. UNDERTAKER Edward Kramer (Address) 1632 Baltimore St

20. FILED June 25 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932 to June 22, 1932

I last saw h alive on June 22 1932 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous incomplete	
suspected miscarriage	
of 3 months duration	

Other contributory causes of importance:

Impact of right lung with	June 16 1932
pleural effusion - pericardial	
effusion	

Name of operation None Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dane Miller M. D.

(Address) Ft. Baltimore General Hospital

M. D. H. 1268-9

80825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80825

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4214 White St., 8th Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy M Weeks

(a) Residence: No. 4216 White Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the words): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 1, 1872

7. AGE: Years 60 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Baier

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Augusta Haase

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Leonard Howell

(Address) 4216 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: June 24 19 32

19. UNDERTAKER: Herman Kuppuer

(Address) 132 Fallsway

20. FILED: June 22 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1932 to June 22 1932

I last saw her alive on June 21 1932 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Kidney Disease	1/1/32

Other contributory causes of importance:

Arteriosclerotic Heart Disease	1931

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Hearn M. D.

(Address) 3901 Harrison

Spec.—9 30—A. & Co.—250 Bks

E 80826

E 80826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH

REGISTERED No. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 4604 Daytona Ave ST. WARD)

2. FULL NAME Marcella Chimielski.

(a) RESIDENCE No. 4604 Daytona Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Chimielski.

6 DATE OF BIRTH (month, day, and year) Jan. 1. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Old age

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Frank Nowakowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

11 Informant (Address) Mrs. Agnes Staman, 4604 Daytona Ave.

15 Filed UN 23 1932 18 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1932

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 22, 1932

that I last saw h alive on June 9, 1932

and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell M. D.

, 19 (Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL June 25-1932

20 UNDERTAKER M. F. Sadowski, ADDRESS 1740 Eastern Ave

M. D. B. 1268-9

E 80827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80827

CERTIFICATE OF DEATH

95-002

Registered No. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S Stricker St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Elwood

(a) Residence: No. 312 S Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Elwood

6. DATE OF BIRTH (month, day, year) Mch 11 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Frank Toomey

(Address) 312 S Stricker

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date 6/24 1932

19. UNDERTAKER Eugene F Sperry

(Address) Fulton & Forquette

20. FILED JUN 24 1932 Huntington Mitchell, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1932 to 6/20 1932

I last saw him alive on 6/20 1932 Death is said to have occurred on the date stated above, at 11:59 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	4/24
Other contributory causes of importance: Acute cardiac dilatation	6/19

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 20 30 Wilkens Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30828

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 2-001 V

E 30828

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 421 N. 24th St. (12-5) Ward)

2-FULL NAME Alice B. Buchman.

(a) RESIDENCE NO. 421 N. 24th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word): Widow

5a If married, widowed, or divorced ~~Husband of~~ ~~Late~~ WIFE of: Frederick F. Buchman.

6 DATE OF BIRTH (month, day, and year): Dec. 23, 1879.

7 AGE: Years 52. Months 5. Days 29. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: George B. Hall.

11 BIRTHPLACE OF FATHER (city or town): Unknown.

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Crem

13 BIRTHPLACE OF MOTHER (city or town): Unknown.

(State or country)

14 Informant: Miss Mabel Buchman.

(Address) 421 N. 24th st.

31932 Filed Huntington Williams, M.D. Registrar

F. F. H. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1932

17 I HEREBY CERTIFY That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH was as follows:

a. Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Hornsey M. D. (Coroner)

6/22/32 (Address) 3632 Hartland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's and Hampden. Date of Burial: June 25, 1932.

20 UNDERTAKER: J. Walter Davis ADDRESS 3418 Chestnut ave.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

80829 E 80829

CERTIFICATE OF DEATH

82

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Madiera St., 1-3 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth ? ? yrs. ..... mos. ..... ds.

2. FULL NAME George J. Batz.

(a) Residence: No. 513 S. Madiera St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Batz

6. DATE OF BIRTH (month, day, year) April 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Batz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Batz (Wife)
(Address) 513 S. Madiera St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 25. 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.
Huntington, West Va.

20. 7/1/1932 S. P. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to June 22, 1932

I last saw this alive on June 22, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Pulmonary Congestion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. G. Fetrow M. D.

(Address) 918 E. Fayette

M. D. B. 1268-9

E 80830 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80830

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 E. Hoffman Street 8-16 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. A. Meyer

(a) Residence: No. 2322 E. Hoffman Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine C. Peacock

6. DATE OF BIRTH (month, day, year) Feb. 22, 1854

7. AGE Years	Months	Days	If LESS than 1 day ~~hours~~ or ..... min.
78	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmer Meyer Sr.
(Address) 2322 E. Hoffman Street.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/24/32 19

19. UNDERTAKER Geo. Pyle & Son
(Address) 130 Hamilton Ave. Huntington, W. Va.

20. FILED 6/24/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to June 21, 1932
I last saw him alive on June 21, 1932. Death is said to have occurred on the date stated above, at 8 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pancreas	

Other contributory causes of importance:

Organic heart disease

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frank J. Kinzer M. D.

(Address) 2700 Harford Av

M. D. R. 1268-9

80831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 80831

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 21-24 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cantalouppe

(a) Residence: No. 1349 Glyndon Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Josephine

6. DATE OF BIRTH (month, day, year) 4-23-99

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Daniel Cantalouppo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Grande

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Giuseppina Cantalupi

(Address) 1349 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6/20/32

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 6/20/32 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-32

22. I HEREBY CERTIFY, That I attended deceased from 5-25-32, 19..., to 6/18/32, 19 32

I last saw him alive on 6/18/32, 19 32 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

Manic excitement — 3 Months
Cardiac failure (dilatation?) — 6/18/32

Other contributory causes of importance:

(manic excitement)
Malnutrition

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) [signature] M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 80832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 80832

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Marecoau St. 48 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Katie McCall

(a) Residence: No. 3108 Marecoau St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard McCall

6. DATE OF BIRTH (month, day, year) Mar 16-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Henry Broadwater

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Marie Tanner

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Henry McCall

(Address) 3108 E. Marecoau

18. BURIAL, CREMATION, OR REMOVAL

Place Ang Hill Date June 25 1932

19. UNDERTAKER Geo M. Frost Son

(Address) 811 N. Howard St

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1931 to June 23 1932

I last saw her alive on June 23 1932. Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

General Peritonitis

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John D. Peck M. D.

(Address) 936 Maryland Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

0833 E 80833

CERTIFICATE OF DEATH

V/37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 501 Bruce St. 20-37 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Smith

(a) Residence: No. 501 Bruce St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Smith

6. DATE OF BIRTH (month, day, year) Apr 1 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	55	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME John Stewart

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Francis Lyles

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frances Lyles
(Address) 500 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date June 25, 1932

19. UNDERTAKER Mrs Victor R Williams
(Address) 322 N Fremont Ave, Balto, Md

20. FILED JUN 24 1932 19.... Director
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to June 22, 1932
I last saw her alive on June 21, 1932 death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	6-18-32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Mackie M. D.
(Address) 1126 Druid Hill

AACo. 5-31 2508

80834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80834

v 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Ashland Ave St., 7-13 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard L. Davis

(a) Residence: No. 1720 Ashland Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

3a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Sallie B. Davis

6. DATE OF BIRTH (month, day, year) Exact date unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gro

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton NC.

FATHER

13. NAME Robert Davis

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Sallie B. Davis (wife)
(Address) 1720 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Littleton Date June 24 1932

19. UNDERTAKER Mrs R. J. Elliott
(Address) 1720 Ashland Ave

20. FILED June 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to June 22, 1932

I last saw him alive on June 22 1932 death is said to have occurred on the date stated above, at 5.22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	6 mos
Other contributory causes of importance: Mitral Regurgitation	unknown
arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80835 E 80835

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 Welcome St. 22-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. + mos. + ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Garlick (Garley)

(a) Residence: No. 131 Welcome St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col-	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ——— 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	+	+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 12/1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Margaret Garlick

16. BIRTHPLACE (city or town) Richmond -
(State or country) Virginia

17. INFORMANT Sophie Brown
(Address) 131 Welcome St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date June 25 1932

19. UNDERTAKER James A. Joyce
(Address) 142 W. Stafford St

20. FILED JUN 27 1932 Huntington ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1932 to 6/22, 1932

I last saw him alive on 6/22, 1932 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Tongue	1st
	history
	in
	June
Other contributory causes of importance:	1932

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) David Francken M. D.

(Address) 1222 Eutaw Pl

M. D. B. 1268-9

E 80836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80836

Registered No. 44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Vine St., 18-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Smith

(a) Residence: No. 920 Vine, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21 - 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Melvin Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Smith

(Address) 920 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 24 19 32

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], to [illegible], 19 [illegible]. Death is said

I last saw h alive on [illegible], 19 [illegible]

to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Chronic - [illegible]

Date of onset

Other contributory causes of importance:

Bronchio - pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

M. D. B. 1268-9

E 80837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80837.

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Beckmann

(a) Residence: No. 1725 Ferrell Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Barbara Beckmann

6. DATE OF BIRTH (month, day, year) Sept 30th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph Beckmann
(Address) 1725 Ferrell Place

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 25th 19 32

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Bronchopneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. J. Sergent M. D.
Coroner
Director (Address) 1305 N Patterson Park Ave

E 80838

1-30 [illegible] 100 B—501

E 80838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 Hanover St. ST. 23-31 WARD

2-FULL NAME William Kieser.

(a) RESIDENCE NO. 1843 McHenry St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Elizabeth Kieser.

6 DATE OF BIRTH (month, day, and year) September 20, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Switchman,
(c) Name of employer: U.Ry & E.Co.

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Charles Kieser.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Amelia Matusky. (sister)

(Address) 1022 Hanover St.

15 JUN 24 1932 Washington, Williamsport, Md. Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Weinhardt, M. D. Coroner

6/28/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: June 25 1932

20 UNDERTAKER: Hugh Brackbon 1906 E Wood — ADDRESS

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 80839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80839

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (Ward) 16-2

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul A. Hurd Sr.

(a) Residence: No. 1629 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Juanita B. Hurd

6. DATE OF BIRTH (month, day, year): Apr 10 1894

7. AGE: Years: 38 | Months: 2 | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) (State or country): Big Spring Tenn

FATHER

13. NAME: Chas H. Hurd

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Mary Calloway

16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT (Address): Juanita B. Hurd 1629 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cem. Date: June 25, 1932

19. UNDERTAKER (Address): Joseph A. Lucky 704 N. Mount Street

20. FILED (19) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19 Died

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

5 hours

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) H. Luck Coroner M. D.

(Address)

AACo. 5-31 250B

80840 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80840

CERTIFICATE OF DEATH

93-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2953 Brighton St. St. 16-63 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Curven W. Eckenrode,

(a) Residence: No. 2953 Brighton St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Eckenrode,

6. DATE OF BIRTH (month, day, year) October 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hanover Penna,

FATHER

13. NAME Joseph Eckenrode.

14. BIRTHPLACE (city or town) (State or country) Penna,

MOTHER

15. MAIDEN NAME Josephine Althoff,

16. BIRTHPLACE (city or town) (State or country) Penna,

17. INFORMANT Mrs. Carrie M. Eckenrode
(Address) 2953 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date JUN 27 1932, 19...

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED ... Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 23, 1932
I last saw h[illegible] alive on June 22 1932 death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
Dilatation of Heart	✓
Other contributory causes of importance:	
Arteriosclerosis	✓

Name of operation none Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John T. Hatand M. D.
(Address) 1219 Poplar Grove St.

AACo. 5-31 250B

80841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80841

CERTIFICATE OF DEATH

V159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 W. Preston St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith

(a) Residence: No. 510 W Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) 510 W Preston St

FATHER

13. NAME John Smith
14. BIRTHPLACE (city or town) (State or country) Annapolis, Md

MOTHER

15. MAIDEN NAME Elizabeth Goms
16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Nona Watkins
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Med Cem Date June 24 19 32

19. UNDERTAKER ...
(Address)

20. FILED ... 19... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 32, 1932 to June 22, 1932, I last saw her alive on June 22, 1932, death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 32 wks.	
Other contributory causes of importance: Maternal Cause	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lee M. Douglass M. D.
(Address) Lewis Hosp.

AACo. 5-11-2500

80842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80342

CERTIFICATE OF DEATH

V 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5000 PENNINGTON AVE. St. 25-77 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME STANLEY PADVARSKI

(a) Residence: No. 5000 Pennington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marciona Padvarski

6. DATE OF BIRTH (month, day, year) May 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

FATHER

13. NAME Joseph Padvarski

14. BIRTHPLACE (city or town) (State or country) Lithvania

MOTHER

15. MAIDEN NAME Elizabeta Iuzapacute

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT Anne Padvarski
(Address) 5000 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 27. 1932

19. UNDERTAKER John Grebliauckas J.G.
(Address) 423 S Paca St.

20. FILED 6-27-1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to June 22 1932

I last saw h... alive on June 21 1932 death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism.	ng. 1.02
Pellagra.	
Other contributory causes of importance:	
Cardiac Dilatation.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter C Blake M. D.

(Address) 719 Med-Arts Bldg.

80843 Spec. 423-21—E.B.R.S.—400 Bks. E 80843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 316 N. Pearl St. 4-25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Hattie M. White

(a) Residence No. 316 N. Pearl St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: John White

6-DATE OF BIRTH (month, day and year): Unknown 1890

7-AGE. 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Seamstress 069

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Washington D.C.

PARENTS.

10-NAME OF FATHER: Elisha Elijah

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Washington D.C.

12-MAIDEN NAME OF MOTHER: Catherine Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Washington D.C.

14- (Informant) Thelma Porter

(Address) 316 N. Pearl St

15- Filed 6-25 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 23, 1932.

I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 20, 1932

that I last saw her alive on June 20, 1932

and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirm diagnosis? Examination

(Signed) John D. Quinn M. D.

6/24, 1932 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Wash Mt Lurel Cemetery D.C. DATE OF BURIAL. June 25 1932

20-UNDERTAKER. V. A. Brooks ADDRESS 1463 N. Carey St

Spec.—2-29-28—L. F. S.—500 Bks.

E 80844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80844

CERTIFICATE OF DEATH

× 51

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland General Hospital WARD 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lewis R Baker

(a) RESIDENCE NO. Camel Beach - Centre Bay Md WARD A A Co. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosemond Baker

6 DATE OF BIRTH (month, day, and year) April 12, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	54	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boat Builder

(b) General nature of industry, business, or establishmeat in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Albion New York

PARENTS

10 NAME OF FATHER C R Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carlton, New York

12 MAIDEN NAME OF MOTHER Rosemond Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carlton, New York

14 Informant Hospital Record

(Address)

15 Filed ....., 19.... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 23, 1932, that I last saw h. alive on June 23, 1932 and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 4 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert V. Chamberlain, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marley M. E. Cemetery	6-26th-1932
20 UNDERTAKER	ADDRESS
E & B Hark	115 E West St

M. D. R. 1268-9

E 80845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80845

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Pobleton St., 4th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Frazier

(a) Residence: No. 420 Poblecton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME John Saunders

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Julia Lee

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Charles Faulcon

(Address) 420 Pobleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Smithfield N. Carolina Date June 26, 1932

19. UNDERTAKER Archibald E. Gaddis

(Address) 1840 Mc Causland Ave

20. FILED 6-24-32 Huntington Ingalls, Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to June 22, 1932

I last saw her alive on June 22, 1932 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	

Other contributory causes of importance:

—

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank E. Wagner M. D.

(Address) 620 Lexington

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

80846

CERTIFICATE OF DEATH

E 80846

93-803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. E 503 E. 21st St., 9-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A. Pattison

(a) Residence: No. 503 E 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter F. Pattison

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marlinton W. Va.

MOTHER FATHER

13. NAME James Pattison

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Pattison

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ella Pattison

(Address) 503 E 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date June 25. 1932

19. UNDERTAKER Mary M Warfield

(Address) 1 E 22nd St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/1932

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to June 22 1932

I last saw her alive on June 22 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	6-22-32
Lagrippe Edema	6-17-32

Other contributory causes of importance:

Myocarditis	6 1 32
Bronchial Asthma	1 1 32

Name of operation ... Date of ...

What test confirmed diagnosis? Physician. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J Hart M. D.

(Address) 532 E 22nd St

M. D. B. 1268-9

80847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80847

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Lombard St. 9-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexia Smialkowska

(a) Residence: No. 1726 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stanley Smialowski

6. DATE OF BIRTH (month, day, year) June 23, 0?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltd Maryland

FATHER

13. NAME John Brzozk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stanus ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanley Smialowski

(Address) 1726 Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 27, 1932

19. UNDERTAKER Newbury & Hyde

(Address) 200 E. Fayette St.

20. FILED JUN 27 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to June 23, 1932

I last saw h.r alive on June 23, 1932. Death is said to have occurred on the date stated above, at 245 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1½ yrs
Other contributory causes of importance: Cardiac Exhaustion	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) William L. Rosen M. D.

(Address) 801 N. Lombard St

1-30—M. & T.—100 B—50L.

E 80848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80848

CERTIFICATE OF DEATH

163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 1-2 WARD)

2-FULL NAME Loretta Mathews

(a) RESIDENCE NO 3108 E Lombard ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Mathews

6 DATE OF BIRTH (month, day, and year) July 24 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Virginia

PARENTS

10 NAME OF FATHER William O Vaick

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Virginia

12 MAIDEN NAME OF MOTHER Sylvia Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Virginia

14 Informant Wm H. Mathews

(Address) 3108 E Lombard St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride of Mercury Poisoning

Suicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 3108 E Lombard St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) ..... Coroner, M. D.

....., 1932 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dale Lawn Mem.

DATE OF BURIAL June 25 1932

20 UNDERTAKER Lilly & Gilbert Inc.

ADDRESS 4033 Reisterstown Rd

Filed JUN 24 1932 Registrar

IMPORTANT—See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80849

CERTIFICATE OF DEATH

E 80849

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 8-45 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 60 yrs. ... mos. ... ds.

2. FULL NAME Mary B. Brown

(a) Residence: No. 2853 Pelham Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) March 15, ?

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72 ?	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Ireland

FATHER

13. NAME Michael Coyle

14. BIRTHPLACE (city or town) (State or country) ? Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 25 19 32

19. UNDERTAKER Lilly - Sweet Funeral Home
(Address) 422 N. Howard St.

20. FILED JUN 27 1932 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to June 23, 1932

I last saw her alive on June 23, 1932. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - chr.	6 Months
Hypertension, secondary	Past
Cerebral embolism - fatal	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Glenwood M. D.

(Address) City Hosp.

AACo. 5-31 250B

Seidel

HEALTH DEPARTMENT—CITY OF BALTIMORE

80850

CERTIFICATE OF DEATH

92-9 E 80850

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 E Lafayette Ave. St. 12-19 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Elizabeth Seidel

(a) Residence: No. 329 E. Lafayette Ave St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albin Seidel

6. DATE OF BIRTH (month, day, year) Sept. 9, 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Edna Seidel
(Address) 1603 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 25, 19 32

19. UNDERTAKER Ralph Weisfeld
(Address) Huntington Williams, Inc
Huntington Williams, N.Y.

20. FILED 19 [illegible]

JUL 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 23 , 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, , 1930, to 6 - 23 , 1932
I last saw her alive on 6 - 21 , 1932 death is said to have occurred on the date stated above, at 6 30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1930
Myocardial Insufficiency	1932

Other contributory causes of importance:

chr. Endocarditis	Several years ago.
chr. myocarditis	
Viscroptosis	

Name of operation None. Date of
What test confirmed diagnosis Physical evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Lybert, M. D.
(Address) 2802 Harford Ave.

Spec.—1-30—M. & T.—250 Bks.

E 80851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 McCulloh ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Stone

(a) RESIDENCE NO. 1015 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Stone

6 DATE OF BIRTH (month, day, and year) Mar. 4 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Poindexter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James Alexander (Address) 1015 McCulloh St

15 Filed JUN 24 1932, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to June 23, 1932

that I last saw h[illegible] alive on June 23, 1932,

and that death occurred, on the date stated above, at 1 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. H. Cabell, M. D.

6-24 1932 (Address) 1612 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National — DATE OF BURIAL: 6/27/32

20 UNDERTAKER: Lamb & Gibson — ADDRESS: 638 N. Gilmor

Spec.—1-10-21—M&T—1500 Blks.

80852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 80852

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3715 Mortonia Road ST. 15-66 (WARD)

2-FULL NAME Marcus Aurelius Wait

(a) RESIDENCE NO. 3715 Mortonia Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Janett Halliday Wait

6 DATE OF BIRTH (month, day, and year) July 24, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Otis Elevator Co

(c) Name of employer Otis Elevator Co

9 BIRTHPLACE (City or town) (State or country) Fort Edward New York

PARENTS

10 NAME OF FATHER Sheridon P. Wait

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Edward New York

12 MAIDEN NAME OF MOTHER Lydia Ashton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fort Edward New York

14 Informant Mrs. Edward Schaub (Friend)
(Address) 2815 Windsor Avenue

15 6-4 1932 Huntington Williams, M.D. Registrar
8 00 PM Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1932

17 I HEREBY CERTIFY, That I attended deceased from 5/23/32, 19—, to June 23, 1932,
that I last saw him alive on June 21, 1932,
and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Hypertension, Ch. Vascular nephritis, Uraemia, Cerebral haemorrhage.

(duration) Appox 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) — (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory Exams.

(Signed) Benj. M. Baker, Jr. M. D.

6/23, 1932 (Address) 9 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond, Va. DATE OF BURIAL June 25/32

20 UNDERTAKER Stewart & Mowen Company ADDRESS 108 W. Northern

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

80853 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80853

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen Hosp 24-33 Ward)

Length of residence in city or town where death occurred ....yrs.....mos. 11 ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME: A. Dolores Hassell

(a) Residence: No. arundel Ave ~~Balto~~ A.G.Co Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30-1922

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William C.N. Hassell
14. BIRTHPLACE (city or town) (State or country) West India

MOTHER

15. MAIDEN NAME Julia A. Gamble
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm C.N. Hassell
(Address) 3104 Hunting Park Ave

18. BURIAL, CREMATION OR REMOVAL Curtis Bay
Place Cathedral Date June 27, 1932

19. UNDERTAKER Margaret J. Flynn
(Address) 1 Huntington Ave Baltimore, Md.

20. FILED ....., 19 32 RFH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1931, to June 24th, 1932

I last saw h.. alive on June 24th, 1932 death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis & Acute Chronic Nephritis & Cerebral Embolism	1 year ago

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Weibel M.D.
(Address) 224-26 Fenwick St

M. D. B. 1268-9

80854 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80854

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3831 Echodale Ave St. 27 44 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Ryder

(a) Residence: No. 3831 Echodale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David J. Ryder

6. DATE OF BIRTH (month, day, year) Sep 7/1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury. Mass

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT George Ryder
(Address) 3831 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 6/25, 1932

19. UNDERTAKER L. Lee McCully
(Address)

20. FILED 6/25, 1932 Hamilton Williams N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema-Shock	
Other contributory causes of importance: Fracture Humerus & dislocation shoulder	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/20/32, 19

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place slipped on rug in home & fell

Manner of injury to floor.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. S. McCann, M. D.
Coroner

(Address) 1508 E Monument

Spec. 2-32 500 Bks.

E 80855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80855

186-001

CERTIFICATE OF DEATH

REGISTERED NO. 44624

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Lillian Lore

(a) RESIDENCE NO. Reisterstown, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 4, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	45	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse.

(b) General nature of industry, business, or establishment in which employed (or employer) 048

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Jay Lore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Hipsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records.

(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/32

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to June 25, 1932,

that I last saw her alive on June 25, 1932

and that death occurred, on the date stated above, at 3.25 A. m.

18 CAUSE OF DEATH* was as follows:

Compression fracture of 4th. Cervical Vertebrae

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

Was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Findings.

(Signed) Albert R. Wilkerson M.D.

(Address) Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL June 27 1932

20 UNDERTAKER H. Berryman Sons

ADDRESS Reisterstown

Director

M. D. H. 1268-9

80856 HEALTH DEPARTMENT—CITY OF BALTIMORE

80856

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward) 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Jason Sackser

(a) Residence: No. 1873 E. 11th St. Brooklyn, N.Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24/1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	Ø1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

FATHER

13. NAME Morris Sackser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Beckenheim

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Sackser
(Address) 1873 11th St Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Newyork Date June 25, 1932

19. UNDERTAKER Joseph Ahrens
(Address) 72nd Broadway

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.15 A. M.

The principal cause of death and related causes of importance were as follows:

Brain Tumor (Glyoma)
(left Cerebral Cortex)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) 106 E. Lexington

M. D. B. 128-8

Dr Frederick Smink
1112 Fidelity Bldg

Friends Cemetery
Ivy Saints

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80857

CERTIFICATE OF DEATH

36 E 80857

1. PLACE OF DEATH 3114 Ferndale Ave

CITY OF BALTIMORE: (No. ..... St., 24-64 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ann Ball

(a) Residence: No. 3119 Ferndale St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 15 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	7	39	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Raymond F Ball

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna E Ansell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna E Ansell
(Address) 3114 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 27 1932

19. UNDERTAKER W. Maurice Routson
(Address) 2238 W North Ave.

20. FILED June 28 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to June 24 1932

I last saw h alive on June 24 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	

Other contributory causes of importance:

Endocarditis and Blood stream infections (Probably Pneumococcus)

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas Smink M. D.

6/28/32 (Address) 4706 Harford Road

M. D. B. 1268-9

80858 E 80858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26233 X 120

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Asbury Pack

(a) Residence: No. Sesenha Park St., Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/27/12

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME James Pack

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Martha Pack

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Friends —
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Mt. Lebanon Date 6/26/32 19

19. UNDERTAKER Walter B. Griggs
(Address) 1911 Henrietta St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23 1932 to June 24 1932

I last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic fever	June 16, 32
acute enteritis	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp.

Spec.—8-24-44—M. & T.—2000 Bks.

E 80859 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80859

CERTIFICATE OF DEATH.

REGISTERED NO. C 46v

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 N Longwood St St. 16-67 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Coles Ball

(Residence in Baltimore: No. 1146 N Longwood St St.; 26 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 20 1864 (Month) (Day) 1 (Year)

7-AGE, 68 yrs. 1 mos. 4 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James Coles

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Harding

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Wilmot Ball.

(Address) 1146 Longwood St.

15-

Filed JUN 25 1932 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6-24-32 (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-10-30 191..., to 6-24-32 191...,

that I saw her alive on 6-24-32 191...,

and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomache

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Geralization

(Duration) 3 yrs. mos. da.

(Signed) [illegible] M. D.

6-24-32, 191... (Address) 3400 Walbrook Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, JUN 27 1932

20-UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE

Spec. 1-10-21 M&T 1500 Blks.

E 80860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80860

CERTIFICATE OF DEATH.

X V 26

28-65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Herman Hospital (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Ambush

(a) RESIDENCE NO. Adamstown W. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	12			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Adamstown Maryland

PARENTS

10 NAME OF FATHER John Ambush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Records

(Address) Huntington Williamsville, W. Va.

15 [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1932

17 I HEREBY CERTIFY, That I attended deceased from 1/23, 1932, to 6/25, 1932, that I last saw him alive on 6/25, 1932, and that death occurred, on the date stated above, at 4 40 Am.

The CAUSE OF DEATH* was as follows:

Intussusception of Thoracic [redacted] with abscess formation

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs. mos. 20 min.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/24/32

Was there an autopsy? Partial.

What test confirmed diagnosis? Clinical

(Signed) A. F. Voshell, M. D.

, 19 (Address) 4 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md

DATE OF BURIAL 6/28 1932

20 UNDERTAKER Samuel V. Newsley

ADDRESS [illegible] Baltimore

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

80861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 80861

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No. ..... (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hubert Dittle

(a) Residence: No. Salisbury Penn R.F.D. #2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Penn

FATHER

13. NAME John M Dittle

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Bertha Steinly

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT John M. Dittle
(Address) Salisbury Pa

18. BURIAL, CREMATION, OR REMOVAL
Salisbury Pa Date 6/25/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 1932 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23 1932 to June 25 1932

I last saw him alive on June 25 1932 Death is said to have occurred on the date stated above, at 3.50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor	7 mo

Other contributory causes of importance:

Name of operation Cerebellar exploratory Date of 6-24-32

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M Blanchard M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80862

CERTIFICATE OF DEATH

× 131 E 80862

1. PLACE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~ Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen Ballman

(a) Residence: No. Burklyn - Md St., ... Ward.
(Usual place of abode) Cedar Hill Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) About 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Austin Ballman
14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Catherine Fischel
16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address) ~~JOHNS HOPKINS HOSPITAL~~

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 28 - 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Fort Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to June 24 1932.
Last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo nephritis	Unknown
Uremia	June 1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp. Md.

1-30—M. & T.—100 B—50L

E 80863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80863

CERTIFICATE OF DEATH

1-PLACE OF DEATH Taylor Home.

CITY OF BALTIMORE: (No.) 2001 Park Ave. (ST.) 13-20 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Kent Barnard.

(a) RESIDENCE NO 2001 Park Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) July 14, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER John Barnard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Mary Kent.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Miss Greist.
(Address) Taylor Home. 2001 Park Ave.

15 [illegible] 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Otto M Reinhardt, M. D. Coroner

19 6/25/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pennsgrove Pa — DATE OF BURIAL: June 27 1932

20 UNDERTAKER: Charles E. Franche — ADDRESS: 802 Madison Ave

JUN 28 1932

TION is very important See instructions on back of certificates.

M. D. H. 1268-9

80864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80864

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Std Gen Hosp St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas Edward Bosley

(a) Residence: No. 921 Morris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Real

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Elizabeth Bosley

6. DATE OF BIRTH (month, day, year): 1890

7. AGE: Years 42 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year): 4 mo

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Bosley

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Emily Donaldson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Edna Bosley

(Address) 921 Morris

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cemetery Date 6/26/ , 1932

19. UNDERTAKER: Mrs Chas G. Bailey

(Address) 1421 Hanover St

20. DATE RECEIVED 6/26/1932 Huntington Williams MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22nd 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to June 22 1932

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
Sudden	

Other contributory causes of importance: Error Fibrosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. G. Funk M. D.

(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80865

CERTIFICATE OF DEATH

E 80865

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 26-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 28 yrs. ..... mos. ..... ds.

2. FULL NAME Oscar Lindron (Lindroos)

(a) Residence: No. 619 S. Newkirk St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilija

6. DATE OF BIRTH (month, day, year) July 18, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46 ?	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Finland

FATHER

13. NAME Fredolf

14. BIRTHPLACE (city or town) (State or country) ? Finland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Finland

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 27 1932

19. UNDERTAKER J. G. Connally

(Address) Essex Road Huntington Millwyne, Md.

20. FILED 6-29-1932 Registrar. U. S. S. Florida

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to June 24, 1932

I last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-8-32
Other contributory causes of importance: Arteriosclerosis	uncertain

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. G. Connally M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

80866 **HEALTH DEPARTMENT—CITY OF BALTIMORE** DR 80866

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Wolstein

(a) Residence: No. 539 N. Central Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Minnie

6. DATE OF BIRTH (month, day, year) ? ? 1905

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ...min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Wolstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pitka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Lazarus

(Address) 3404 Dolphin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt. Carmel Date 6/26, 1932

19. UNDERTAKER Louis Levin Inc

(Address) 1459 E. Baltimore St.

JUN 28 1932, 19.. C. P. F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to June 25, 1932

I last saw him alive on June 25, 1932. Death is said to have occurred on the date stated above, at 8 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	unk.

Other contributory causes of importance:

Name of operation Trans-cecostomy Date of May 11 '32

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? undetermined

If so, specify .....

(Signed) J. E. Goodman M. D.

(Address) J. Sinai Hospital

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

AaCo. 5-31 2508

80867

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 80867

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Balto Co. St. 15-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Fannie Jaslow

(a) Residence: No. 1644 Appleton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Oscar Jaslow

6. DATE OF BIRTH (month, day, year) ? ? 1850

7. AGE	Years	Months	Days	If LESS than 1 day... hrs or... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roumania

FATHER

13. NAME Abraham Schwartz

14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER

15. MAIDEN NAME Sophie .....

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT Fannie Jaslow
(Address) 1644 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 6/26 1932

19. UNDERTAKER Jackson Bros. Inc.
(Address) 1459 E. Baltimore St

26 1932 ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/32 19

22. I HEREBY CERTIFY, That I attended deceased from 6-21-32, 19..... to 6-25-32, 19.....

I last saw h alive on 6-25-32 19..... death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchio-Pneumonia	
Pulmonary Edema	
Other contributory causes of importance:	
Common duct stone	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ryan, M. D.

(Address) 1 W. Mt. Royal

1-30—M. & T.—100 B—50L

E 80868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80868

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 15-21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Klitzner

(a) RESIDENCE NO 1711 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. about mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Klitzner

6 DATE OF BIRTH (month, day, and year) ? ? 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cleaner & Presser
(b) General nature of industry, business, or establishment in which employed (or employer) 80
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Minnie Klitzner

(Address) 1711 N. Fulton Ave.

15 Filed JUN 26 1932 Huntington Hilyard, Registrar

N 26 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

6/25 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 6/26 1932

20 UNDERTAKER Jack Lewis Inc.

ADDRESS 1439 E. Balto St.

ATION is very important See instructions on back of certificate.

M. D. B. 1268-9

E 80869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80869

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Dover St. 22-30 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Egerton

(a) Residence: No. 641 Dover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER | FATHER

13. NAME George Wright

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Minnie Monroe,

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Forest
(Address) 313 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. June 2 32

19. UNDERTAKER Samuel H. Keeley
(Address) 1114 E. Baltimore St.

20. 6-2-1932 Huntington Building Co.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/32

22. I HEREBY CERTIFY, That I attended deceased from 6/19 1932 to 6/23 1932

I last saw h alive on 6/22 1932 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	2/14/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Stewart Lewis M. D.

(Address) 912 Eutaw St

M. D. B. 1268-9

E 80870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80870

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N West St., 23 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Austin

(a) Residence: No. 107 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25-1869

7. AGE: Years 64 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Toby Elmore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Dean

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Austin
(Address) 107 W. West

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem June 26 19 32

19. UNDERTAKER Lynch & Hensley
(Address) 1918 Bank St

FILED JUN 26 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22 1932 to June 22 1932

I last saw h. alive on June 21 1932 Death is said to have occurred on the date stated above, at 6 30 AM

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset [illegible]

Other contributory causes of importance:

Senility — June

Name of operation None. Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Farnum, M. D.

(Address) 712 S. Mark A

M. D. B. 1265-9

80871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80871

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 76-37 Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Booth

(a) Residence: No. no home (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) Sept. 15, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter and decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry A. Booth

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Frances Harris

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/28/32

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to June 25, 1932

I last saw him alive on June 25, 1932 Death is said to have occurred on the date stated above, at 12:05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis, Chr. infection	5 yrs.
Apoplexy	[illegible]
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Ward Jr. M. D.

(Address) Balto. City Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80872 — CERTIFICATE OF DEATH — E 80872

122-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., (WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillie M. Marsh

(a) RESIDENCE NO. Reisterstown, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. Marsh.

6 DATE OF BIRTH (month, day, and year) 2-22-88

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Chas. O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Emma Cornell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Hospital Records.

(Address)

15 Filed 26 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from 6-21, 1932, to 6-24, 1932

that I last saw her alive on 6-24, 1932

and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

due to a strangulated (femoral) inguinal hernia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Coronary embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 6-21-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operative findings

(Signed) Robert V. Cromwell, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 6/27/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80873 ✓ E 80873

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Aiken ST., 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Schaefer

(a) RESIDENCE NO. 2201 Aiken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Schaefer

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work None - do

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER George Schaefer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Teufel

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Lillian Bergmann (Daughter)

(Address) 2201 Aiken St.

15 Filed 6 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to June 25, 1932

that I last saw her alive on June 23, 1932

and that death occurred, on the date stated above, at 12 40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Arteris sclerosis)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis - Myocardial Insufficiency (duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Dyer M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 6/28 1932

20 UNDERTAKER F. A. Kraus Sons

ADDRESS 703 Hanover St

1-30—M. & T.—100 B—50L

E 80874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80874

CERTIFICATE OF DEATH

166

1-PLACE OF DEATH Found floating off

CITY OF BALTIMORE: (No.) Cove Point. ST. 13-59 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Hale. (C)

(a) RESIDENCE No. 2100 Druid Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Deborah Hale.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery man.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salem, Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Lelia Britt. (C) motherinlaw.

(Address) 2100 Druid Hill Ave.

15 6 26 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found June 24, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Inquiry

(Signed) Chas. H. Reinhardt, M. D. Coroner

6/25/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/28 19 32

20 UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1631 Druid Hill

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 80875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80875

CERTIFICATE OF DEATH

82-001

Registered No. 27-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Batavia St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carroll R. Senner

(a) Residence: No. 3207 Batavia St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen V.

6. DATE OF BIRTH (month, day, year) July 3 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Senner

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emily E. Field

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Harry Miller
(Address) 3207 Batavia ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 27, 1932

19. UNDERTAKER Martin W. E. Dippel Inc
(Address) 37 E Ann St

JUN 26 1932 ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to June 24, 1932

I last saw h alive on June 22, 1932. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis and Hypertension

Name of operation — Date of ....

What test confirmed diagnosis? — Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of Injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? —
If so, specify ....

(Signed) Chas Simms, M. D.

(Address) 4202 Harford Rd

BE CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

Spec.—1-30—M. & T.—250 Bks.

80876 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80876

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 519 S Ann ST., 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Frauge (Frauz -

(a) RESIDENCE NO. 519 S. Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of or) WIFE of: A. J. Frauce - Deceased

6 DATE OF BIRTH (month, day, and year): Dec 8-1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Frances Krumlish

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Genevieve Frauge

(Address) 519 S. Ann St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-25-32

17 I HEREBY CERTIFY, That I attended deceased from 6-23- 19 32 to 6-25 19 32

that I last saw h alive on 6-25 19 32.

and that death occurred, on the date stated above, at 5-10 p m.

The CAUSE OF DEATH* was as follows: Autonecrotic

Cardio-Vascular Renal Disease

Chronic Nephritis

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute Heart Failure and Uremia (duration) yrs. 3 mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Leale, M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 28 1932

20 UNDERTAKER: Martin W E Dippel — ADDRESS: 37 Lamb

JUN 26 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80877 E 80877

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 25 yrs. ..... mos. ..... ds.

2. FULL NAME Lambert Zuin

(a) Residence: No. 220 S. Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Zuin

6. DATE OF BIRTH (month, day, year) Oct. 8 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41 40	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Lambert Zuin

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 28 1932

19. UNDERTAKER Martin H. C. Dippel
(Address) 2712 Arunah Ave

20. FILED 261932 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to June 25, 1932

I last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Earl L. Chambers M. D.

(Address) Mercy Hosp. Balto

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80878

CERTIFICATE OF DEATH

23 E 80878

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ground Dis. St., 27-41 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Pete Coffey

(a) Residence: No. Yolanda Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Coffey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Marcella Coffey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Julia Corbett

(Address) 433 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 6/27/32

19. UNDERTAKER Mary M Rowland

(Address) 1 E Lexington St

20. FILED JUN 28 1932 Huntington Wellington, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1930 to June 27 1932

I last saw him alive on June 26, 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 1

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emil J. Zimmerman M.D.

9858 (Address) 910 Orland Rd.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80879

E 80879

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ... ST., 1 W 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Earnest R. T. Davis

(a) RESIDENCE NO. 621 S Patonas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 9 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Davis

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1899

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper hanger - Ist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Earnest Richard Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Root

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Record

(Address)

15 261932 Huntington Williamsport Pa. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June 25, 1932, that I last saw h. alive on June 25, 1932 and that death occurred, on the date stated above, at 12:59 a.m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 24, 1932

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gilbert V. Chrowell, M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Pk Cem — DATE OF BURIAL June 28, 1932

20 UNDERTAKER A. Howard Evans — ADDRESS 308 E. Fredk

Spec.—9-30—A. & Co.—250 Bks

80880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** X 89-62 E 80880

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Hospital St. 669 WARD)

2. FULL NAME Dorothy Grace Taylor

(a) RESIDENCE NO. Preston, Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1914

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	1	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pupil in
(b) General nature of industry, business, or establishment in which employed (or employer) State Normal School
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co Maryland

PARENTS

10 NAME OF FATHER G. Hudson Taylor
11 BIRTHPLACE OF FATHER (city or town) Caroline Co (State or country) Maryland
12 MAIDEN NAME OF MOTHER Bertha E Deen
13 BIRTHPLACE OF MOTHER (city or town) Carolina Co (State or country) Maryland

14 Informant G. Hudson Taylor
(Address) Preston Md

15 2 61932 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1932

17
I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to June 26, 1932
that I last saw h[illegible] alive on June 26, 1932
and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:
Acute mastoiditis, rt.

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Dysphonia and hemorrhage from retina and (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Preston, Md
Did an operation precede death? No. Date of (not d. C.H.I.)
Was there an autopsy? Yes History Physical
What test confirmed diagnosis? Autopsy

(Signed) J. Frank Hewitt M. D.
June 26 1932 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Federalsburg Md
DATE OF BURIAL June 26 1932
UNDERTAKER John F Denny
ADDRESS 715 Light St

NOTE IS very important. See instructions on back of certificate.

Spec.—2-29-28—I. F. S.—500 Bks.

E 80881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80881

CERTIFICATE OF DEATH

156-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3331 Paine St. ST. 13-52 WARD)

2—FULL NAME Elizabeth J. Harris.

(a) RESIDENCE NO. 3331 Paine St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 16, 1931

7 AGE: Years — Months: 8 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Clarence J. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Nellie P. Mauph

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Clarence J. Harris

(Address) 3331 Paine St.

15 Filed JUN 26 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1932 to June 25, 1932

that I last saw her alive on June 24, 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) above

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical & Clinical findings

(Signed) H. B. Mitchell, M. D.

6/26, 19 32 (Address) 611 Fallsway Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: June 27, 1932

20 UNDERTAKER: Chenowith & Son — ADDRESS: 3615 Eastern Ave

E 80882

1-30 M 3 C-100 B—50L

E 80882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 95-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Sarrahan St. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelious Smith

(a) RESIDENCE NO 1120 Sarrahan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ? 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coachman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mrs. Mary Purnell

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant N. H. Butler

(Address) 124 Carlton Ste

15 Filed JUN 27 1932 Huntington Wills Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy Hall Cromwell M. D. Coroner

6/24 1932 Address 343 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL June 27 1932

20 UNDERTAKER James A. Hayes

ADDRESS 142 Mitchell St

TION is very important See instructions on back of certificates.

M. D. B. 126F-8

80883 E 80883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 812 Lanvale St., 16-23 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Brown

(a) Residence: No. 812 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ James Brown

6. DATE OF BIRTH (month, day, year) — 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Isaac Brown

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Fanny Thomas

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hattie Brown
(Address) 812 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date June 27 1932

19. UNDERTAKER Ida Funeral Home
(Address) 1720 E. Madison St

20. FILED JUN 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to June 24 1932

I last saw ~~him~~ her alive on June 24 1932. Death is said to have occurred on the date stated above, at 4.25 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark E. Hanna M. D.

(Address) 628 Mulberry

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80884

E 80884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH: Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Baltimore Md. (Sta.) 76-37 (Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Georgiana Coleman

(a) Residence: No. 111 S. Eutaw St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas W. Coleman

6. DATE OF BIRTH (month, day, year): Aug 14 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: W. E. Tracy
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Eliz. Tracy
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Records, Baltimore City Hospitals,

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Cem. Date June 29 1932

19. UNDERTAKER (Address): Wm. Tickner & Sons Sorrell & Parkes Inc. Huntington, W. Va.

20. FILED JUL 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16-32 to 6-26 1932
I last saw h. alive on 6-26 1932. Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia left	May 1932

Other contributory causes of importance:

Bronchopneumonia	6 days ago.

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

6-26-32 (Signed) Elmer Hi[illegible] M.D.
(Address) Baltimore City Hospitals

80885

E 80885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Winterbourne St., 76-67 Ward)

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U.S. if of foreign birth? yrs mos. ds.

2. FULL NAME Clarence Leonard Harry

(a) Residence: No. 3313 Winterbourne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Harry

6. DATE OF BIRTH (month, day, year) Aug 3 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME D. L. Harry

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Maggie Harry

(Address) 3313 Winterbourne

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 6/28 1932

19. UNDERTAKER W. J. Prudent Sons

(Address) Govans

20. FILED June 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 25, 1932

I last saw him alive on June 23, 1932 death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1925
Chronic Nephritis	
Acute Bronchitis Pneumonia	3 23
Cerebral Hemorrhage	
Left Hemiplegia	
(Other contributory causes of importance)	
Prostatic Hypertrophy with acute & chronic Cystitis	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank Cole, M. D.

(Address) 27 E. Lexington

DIRECTIONS FOR FILLING OUT CERTIFICATE. THIS INFORMATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec. 2-29-28—L. F. S.—500 Bks.

E 80886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80886

93-004

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Linden Ave. ST., 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Gilbert Elwood Armacost

(a) RESIDENCE NO. 1924 Linden Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Cline Armacost

6 DATE OF BIRTH (month, day, and year) December 23, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Elwood Armacost

11 BIRTHPLACE OF FATHER (city or town) Hamstead,

(State or country) Altimore County, Md.

12 MAIDEN NAME OF MOTHER Portia Anne Gilbert

13 BIRTHPLACE OF MOTHER (city or town) Carroll County

(State or country) Maryland

14 Informant Mrs. Alan B. Cecil (Sister)

(Address) 1924 Linden Ave.

15 Filed JUN 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to June 24, 1932, that I last saw him alive on June 24, 1932, and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 1 yrs. mns. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Bryant Straub, M. D.

6/23 1932 (Address) 2329 Arunah Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Loudon Park Cemetery

DATE OF BURIAL June 27 1932

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Baltimore St.

E 80887 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80887

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 26 N. Patterson Park Ave ST., 10 (WARD)

2-FULL NAME Sarah Lipman

(a) RESIDENCE NO. 26 N. Patterson Park Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Lipman

6 DATE OF BIRTH (month, day, and year) ?? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Koblens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Reba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry S. Lipman - Son

(Address) 2317 N. Monroe St.

15 Filed JUN 27 1932 Registrar Huntington Williams M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. H. Wales, M. D. Coroner

Jun 27 32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brair Israel Sinai Cemetery

DATE OF BURIAL 6/27 1932

20 UNDERTAKER Jack Levis Inc.

ADDRESS 1434 E. Balto St

Director

TION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

80888 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80888

34 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 St. Joseph Hosp. St., 7-12 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Lorenz

(a) Residence: No. 939 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 15th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9 11 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Lorenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Yeoling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Lorenz
(Address) 939 N Chester

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeem Date June 30 1932

19. UNDERTAKER Geo M Zink Son
(Address) 811 N Eutaw

No. FILED N 27 1932 Hunting for Williams Dir.
Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to June 26, 1932

I last saw him alive on June 26, 1932 death is said to have occurred on the date stated above, at 10 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Meningo-Encephalitis with Spinal Cord Degenerations	?

Other contributory causes of importance:

Toxemia from Syphilis Ulcers.	2½ mos
Toxic Myocardial Failure	1 mos

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Sat as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. McGaynes Gardner M. D.

(Address) St Joseph Hosp

M. D. B. 1268-9

E 80889 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80889

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Bryden (or) 7-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Dunbury

(a) Residence: No. 1147 Bryden St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Dunbury

6. DATE OF BIRTH (month, day, year) 1868.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Thomas (Address) 713 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 6/27/32

19. UNDERTAKER Mrs. Geo. E. Holland (Address) 1631 Druid Hill Ave

Registrar

20. FILED JUN 27 1932 19 ... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/32

22. I HEREBY CERTIFY, That I attended deceased from 7/1/31 to 6/23/32

I last saw her alive on 6/21/32 Death occurred

to have occurred on the date stated above, at 4 P.M. D.R.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2
Duration	1
Patient Stroke	
3 Months.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee ... M. D.

(Address) 427 Monroe ...

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

E 80890

~~80890~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V178-001

Registered No. 16-22

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 915 W La Fayette St. (Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Hogan

(a) Residence: No. 915 W La Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmle
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mathew Hogan

6. DATE OF BIRTH (month, day, year): Aug 25 1887

7. AGE: Years 44 | Months 10 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Herman Eigeldinger

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Catherine Stitt

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Chas Eigeldinger
(Address) 1812 N. Dallas

18. BURIAL, CREMATION, OR REMOVAL: Ballmond C. Date June 27 1932

19. UNDERTAKER: John D. Ritchie & Son
(Address) 1200 Eutaw Place

Huntington Mills, Md.

FILED JUN 27 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on June 25 19 32 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Accident Asphyxia while Burning over gas stove Heater provides for relief of Insomnia.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Regular Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury June 25 19 32

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuk M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

80891 E 80891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST. 425 WARD

2-FULL NAME Charles R. Deeley

(a) RESIDENCE NO. 108 W. Mulberry ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cliffdegraff / Laura V. Deeley

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dental Supplies

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Ind.

PARENTS

10 NAME OF FATHER Richard W. Deeley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Helen Haskin

13 BIRTHPLACE OF MOTHER (city or town) Huron (State or country) Ohio

14 Informant Hawkins A. Deeley (Address) 101 Park Lane

15 Filed 2-7-1932 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 25, 1932

that I last saw him alive on June 25, 1932

and that death occurred, on the date stated above, at 7:35 P. M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

1 (duration) yrs. ..... mos. 14+ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Richard V. Hower M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL June 28 1932

20 UNDERTAKER John O. Mitchell ADDRESS 1900 Eutaw Pl.

2-7-1932 Director

FROM is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80892

CERTIFICATE OF DEATH

8 E 80892

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 10-14 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Reuder

(a) Residence: No. 1029 Homewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Raymond Reuder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Mieler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Raymond Reuder
(Address) 1029 Homewood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 7, 1932

19. UNDERTAKER Ryle & Middlefield
(Address) 914 Eutaw Place

JUN 27 1932 19 ... Huntington Williams, M.D. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26/32 19

22. I HEREBY CERTIFY, That I attended deceased from 6/20/32, 19 ..., to 6/26/32, 19 ...

I last saw her alive on 6/26/32 19 ... death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	6/19/32
Other contributory causes of importance:	
Left Middle Otitis	6/20/32
Pneumonia	6/24/32

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 80893 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80893

93-003

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 5700 Cross Co Blvd St., 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lizzie Rigger

(a) Residence No. 5700 Cross Co Blvd St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Rigger

6-DATE OF BIRTH (month, day and year) Feb 11 1849

7-AGE. 83 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. —

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mr. J. S. Lush

(Address) 5700 Cross Co Blvd

15- Filed JUN 27 1932 19? Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 26 1932

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1932 to June 26 1932 that I last saw her alive on June 6 1932 and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Roger M. Griffith M. D.

6/27, 1932 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loraine DATE OF BURIAL. June 28, 1932

UNDERTAKER. Rida Friedfeld ADDRESS 914 Fremont Ave

Circular

M. D. B. 1268-9

E 80894 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80894

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 345-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Hunter

(a) Residence: No. 1621 N. Fulton Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mamie Hunter

6. DATE OF BIRTH (month, day, year) April 12/81

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Maryland.

FATHER

13. NAME George Hunter

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Clara V. Zigler

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 27, 1932

19. UNDERTAKER Donald Offer

(Address) 1600 W. North Ave. Hunters Lor Pikesville,

JUN 27 1932 . 19 ..... Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24 . 1932 to June 26 . 1932.

That I saw him alive on June 24 . 1932 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileac + Sub-Pectoral Thrombosis	4 days ?
Pyelitis	
Other contributory causes of importance:	
Broncho-Pneumonia	6 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.P. If so, specify .....

(Signed) Simon Bruz, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 80895

E 80895 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged and Infirm — Registered No. 47

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. 27-54 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Louis Brenner Brier

(a) Residence: No. Belvedere & Greenspring St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Philip Brier

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Alice —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Harmony Date 6-27 1932

19. UNDERTAKER Jos. Levin Inc. (Address) 1429 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1930 to June 26 1932

I last saw him alive on June 26 1932 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx.	

Other contributory causes of importance:

Name of operation Canc. of the Larynx Date of 8-17-30

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Edmund Levin M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 80896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80896

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 16-37 WARD

2-FULL NAME Melvina Melzer

(a) RESIDENCE No. Edgewater & Choptank Rd ST., Chesaco Park. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): July 18 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George D Melzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Freda Mackenfuss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: George D Melzer

(Address): Chesaco Park

15 Filed JUN 27 1932 Registrar

Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns. 3rd degree,

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Post

(Signed) A J Kenny M.D., M. D. Coroner

June 26, 1932 (Address) 305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: June 27, 1932

UNDERTAKER: John A. Moran

ADDRESS: 3000 E Balto

TION is very important. See instructions on back of certificates.

M. D. H. 1265-9

30897

HEALTH DEPARTMENT—CITY OF BALTIMORE

30897

CERTIFICATE OF DEATH

X V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Harry nicholas

(a) Residence: No. Edgewood St., md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3. 1932

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Wm. nicholas

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME marie Edwardson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Union memorial Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 6/27/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. [illegible] Huntingtown Md.

JUN 27 1932

OCCUPATION IS VERY important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24 1932 to June 25 1932

I last saw h.. alive on June 25 1932 Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	6.32

Other contributory causes of importance:

Dehydration & malnutrition

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean D. Craven M. D.

(Address) Union Memorial Hosp.

M. D. R. 1268-9

80898 E 80898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓34

1. PLACE OF DEATH Baltimore City Hospitals 5-8

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dabney Minor

(a) Residence: No. 1175 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Kezia Louis

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION OR REMOVAL Mt Auburn Date June 27 1932

19. UNDERTAKER Samuel Stevenson & Sons
(Address) 1538 Mt. Pleasant Ave. Baltimore, Md.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1930 to June 22, 1932

I last saw him alive on June 22, 1932 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis tertiary Brain & Kidneys	1930
Other contributory causes of importance: Bronchopneumonia	3 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. H. Howard M. D.

(Address) Balto. City Hosp.

M. D. R. 1955

E 80899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80899

CERTIFICATE OF DEATH

231

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 18-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mack King

(a) Residence: No. 748 W. Mulberry st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie King

6. DATE OF BIRTH (month, day, year) Sept. 9, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph King

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Hicks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. 6/27/32
Place Samuel Otterbein

19. UNDERTAKER 738 Mosher
(Address)

FILED JN 27 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to June 24, 1932

I last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1931
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lawrence F. Sena, M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 80900

E 80900 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80900

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-27 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Johnson

(a) Residence: No. 1616 W. Lexington st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

FATHER

13. NAME Wilmer Johnson

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Jones

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date June 27 1932

19. UNDERTAKER Mrs Katie A Williams
(Address) 322 N. Schroeder St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3 1932 to June 24 1932

I last saw him alive on June 24 1932. Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence A. Sena M. D.

(Address) Baltimore City Hospitals

1-30—M. & T.—100 B—50L

E 80901

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80901

CERTIFICATE OF DEATH

181

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 1-3 WARD)

2-FULL NAME Anna M Marx

(a) RESIDENCE NO 1100 S Kenwood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Marx

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Stack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mary Marx Mother

(Address) 1100 S. Kenwood Ave

15 Filed 2 7 1932 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree Burns
Accidental

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1100 S. Kenwood

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Feringold, M. D. Coroner

June 28, 1932 (Address) 1357 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: June 28 1932

20 UNDERTAKER: Lilly & Gaither

ADDRESS: 1033 W. Lafayette

TION is very important See instructions on back of certificates.

...OF DEATH in the plain terms, so that it may be properly classified. State statement of OCCUPA-

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

80902

CERTIFICATE OF DEATH

119 E 80902

Registered No. 25-72

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Seibold

(a) Residence: No. 2429 S Paca St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 28/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob H Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma K Seebold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jacob H Miller
(Address) 2429 S Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date June 29 1932

19. UNDERTAKER Edgar Forde, or
(Address) Wayne Fay Ziegler
Huntington Williams, N.Y.

20. FILED 271932 Registrar. Dept. of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25 1932 to June 26 1932

I last saw h alive on June 26 1932 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea Ulcerative	6/18

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milford H Breeden M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80903 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80903

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Webb.

(a) Residence: No. 2017 Jefferson Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Webb

6. DATE OF BIRTH (month, day, year) July 31 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

FATHER

13. NAME John S Harper

14. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

MOTHER

15. MAIDEN NAME Elizabeth Freeland

16. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

17. INFORMANT Mrs Ida M Whitson
(Address) 100 4th Ave Brooklyn md

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's (Hampden) June 30 1932

19. UNDERTAKER John F Penny
(Address) 715 Lexington Ave Huntington Village, Md.

20. [illegible] 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to June 26, 1932
I last saw her alive on June 25, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	Unknown
mit	

Other contributory causes of importance:

Cardiac Dilatation	One Day.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lawrence [illegible] M. D.

(Address) Baltimore City Hospitals

2-7-1932

AACo. 5-31 250B

80904 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80904

CERTIFICATE OF DEATH

82-E 80904

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ellamont & Presstman Sts St.) 16-67 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Wilhelm,

(a) Residence: No. Ellamont & Presstman Sts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilhelm,

6. DATE OF BIRTH (month, day, year) July 17.1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheelwright

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Wilhelm,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie C. Miller,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Wilhelm,
(Address) Ellamont & Presstman Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JUN 29 1932

19. UNDERTAKER Robert S Sittle
(Address) 2700 Edmondson Ave.

20. FILED JUN 27 1932, 19... Registrar
Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 26 1932, 19...

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932 to June 26, 1932

I last saw h[e] alive on June 24, 1932 death is said to have occurred on the date stated above, at 3:58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Left Hemiplegia	
	June 12 '32
Other contributory causes of importance:	
Cardiac asthenia	June 22 '32

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Abrams, M. D.

(Address) 360 Eastern Ave

M. D. B. 1268-9

E 80905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80905

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. (Ward) 14-20

Length of residence in city or town where death occurred ..... yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jas Lucky

(a) Residence: No. 629 Plymouth St. Pl. Ward. Balto Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col'd | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE — Years 35 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Unk
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (city or town) (State or country) Provident Hosp Balto Md

17. INFORMANT Provident Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universale of Md Date June 17 1932

19. UNDERTAKER [illegible] Funeral Service
(Address) 1501 E. MONUMENT

27 1932 Huntington Williams Registrar.
BALTIMORE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above at 7 p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance:	

Name of operation Exploratory Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Finks M. D.
Coroner
(Address)

M. D. B. 1268-9

E 80906 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80906

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-37 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jacob Taylor

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
About	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OV

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date June 7 . 19 32

19. UNDERTAKER Old Town Undertaking Co.
(Address) Huntington Ave. & Biddle St.

20. Filed ..... 19 ..... Registrar.

7-7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h___ alive on ..... 19 ... Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
(Uraemia)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. F. Kerrigan M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

AaCo. 5-31 250B

80907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80907

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 11-002
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-24 St. ..... Ward)

Length of residence in city or town where death occurred ..... mos. 2 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian G. Mullineaux (Mullinix)

(a) Residence: No. 106 Nunnery Lane, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Alan Mullineaux

6. DATE OF BIRTH (month, day, year) June 12, 1901

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Theophilus Lester
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ada A. Griffith
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alan R. Mullinix
(Address) 106 Nunnery Lane

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Pk. Date June 28, 1932

19. UNDERTAKER Harry T. Tuttle
(Address) 4101 Edmondson Ave.

20. JUN 27 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932 to June 26, 1932
I last saw h.. alive on June 26, 1932 death is said to have occurred on the date stated above, at 12 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Influenzal Encephalitis	Middle of June
Other contributory causes of importance: Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Phelps F. Lamar, M. D.
(Address) W. B. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 80908

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. Mt Vernon St. R. 11 - 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia C. Bartlett

(a) Residence: No. 16 W. Mt Vernon Pl St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David L. Bartlett

6. DATE OF BIRTH (month, day, year) Dec 17 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME Ogles Pettibone

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Mary Parsons

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Odell Whipple

(Address) Washington D C.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mt Date June 28 1932

19. UNDERTAKER Henry T. Fruhen Sons

(Address) McCulloh & Orchard Sts.

20. Filed 27 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1930 to June 26th 1932

I last saw her alive on June 26th 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO-SCLEROSIS	
Other contributory causes of importance:	
OLD AGE	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Thomas L. Shearn, M. D.

(Address) 705 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-b

M V

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80909 E 80909

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Jones

(a) Residence: No. 1031 Lombard St Wilmington, Delaware St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Cd.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgard Jones

6. DATE OF BIRTH (month, day, year) Jan 16, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME James Desfields

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Della Braxton

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Edward Jones (Address) 1031 Lombard St Wilmington Del

18. BURIAL, CREMATION, OR REMOVAL Wilmington Del Date 6/27 32

19. UNDERTAKER Samuel Shipley & Sons 913 Market St Huntington Williams, N.Y.

UN27 1932

Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19... to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of Skull	6/26/32
Intracranial hemorrhage	
Other contributory causes of importance:	
Automobile Accident	6/26/32

Name of operation Decompression Date of 6/26/32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/26, 1932

Where did injury occur? Philadelphia Rd. at White Marsh (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto in which he was riding

Nature of injury struck a telephone pole

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2260 E Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80910 E 80910

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Howard St., 8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Seitz

(a) Residence: No. 2013 St. Clair Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/7/1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Jacob Seitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Faus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Metz
(Address) 2013 St Clair Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 6/24/32

19. UNDERTAKER Geo. W. Rusty Inc
(Address) 1138 Hollins St.

FILED JUN 27 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, year) 6-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1932, to 6-22, 1932

I last saw him alive on 6-17, 1932 death is said to have occurred on the date stated above, at 1:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis with uremia	?
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas B. Richardson, M.D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80911

CERTIFICATE OF DEATH

E 80911

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD 14-27)

2-FULL NAME Pauline Ascher

(a) RESIDENCE No. Rock Hall, Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - -

6 DATE OF BIRTH (month, day, and year) About 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	75	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Moritz Ascher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jacob Moses

(Address) Sun Life Bldg. Balto. Md

15 [illegible] 27 1932 . 192 Huntington Williams M.D. Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Chronic Myocardial Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arterio Sclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Cromwell M. D. Coroner

6/24, 1932 (Address) 703 Eutaw Pl. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Herron Funeral Chapel

DATE OF BURIAL: 6/28/1932

20 UNDERTAKER: George J. Ruth Son

ADDRESS: 1935 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80912

CERTIFICATE OF DEATH

Registered No. 92

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2111 N. Pulaski St. 15-59 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine W. Frank

(a) Residence: No. 2111 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Martin Frank

6. DATE OF BIRTH (month, day, year) June 18th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Bley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Erich

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Martin Frank (Address) 2111 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date 6/30/ 1932

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiring Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80913

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Edgewood St. 16-67 59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Warner

(a) Residence: No. 1901 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of William Warner

6. DATE OF BIRTH (month, day, year) Oct 9th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Stumpf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Warner
(Address) 1901 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 6/29/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

27 1932 Huntington Williams, Jr. Registrar.
FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1931 to June 27 1932

I last saw her alive on June 27, 1932 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Myocardial Degeneration	
Mitral Insufficiency	
Hypertension	
Marked Secondary Anemia	

Other contributory causes of importance:

Otitis Media

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W H Moody, M. D.

(Address) 140 W Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80914 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80914

CERTIFICATE OF DEATH

93-003

Registered No. 20-70

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Mc Henry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Carr

(a) Residence: No. 3231 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry E. Carr

6. DATE OF BIRTH (month, day, year) July 24 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susanna Blatherley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry E. Carr

(Address) 3231 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Date June 27 1932

19. UNDERTAKER William Cook

(Address) 1317 St Paul St

Huntington Williams, N.P.

20. FILED 6-28-1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21 1932 to June 24, 1932

I last saw her alive on June 24, 1932 Death is said to have occurred on the date stated above, at. 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis & Insufficiency — Date of onset 1926.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) R. H. Isaacs M. D.

(Address) 2114 Wilkens ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 80915

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 V

E 80915

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ST., 17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hamlet D. Hodgkins

(a) RESIDENCE NO. 2114 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Eva R.

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1868

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
63 ~~64~~	5	26 ~~25~~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) Sunbury

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Edward Hodgkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Annie Dewal

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Hospital Record

(Address)

15 [illegible] 19 Huntington Williams, M.D.

277932 [illegible] Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to June 26, 1932,

that I last saw h[illegible] alive on June 26, 1932

and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-24-32

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert V. Cronwell M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	6/29/1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

M. D. B. 1268-9

Dr Bowden 1517 E. North Ave Ver 1653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80916

CERTIFICATE OF DEATH

87 E 80916

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Cecil Ave 9-46 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph Von Oven

(a) Residence: No. 2242 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5th 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Geo Evans
(Address) 2236 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross (Harford Rd) Date 6/28/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St
Huntington Milburn, Md

20. FILED 6/27/1932 19 ABK Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to June 26 1932

I last saw him alive on June 25 1932 Death is said to have occurred on the date stated above, at 12:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (right hemiplegia)	6/20/32
Other contributory causes of importance: Hypostatic congestion of lungs - none -	6/25/32

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George A Bowden M. D.

(Address) 1517 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. S. 1268-9

Coroners Herzog 1305 N. Patterson Park Ave Wdy 4176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80917

CERTIFICATE OF DEATH

18

E 80917

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 3-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexandra Czarnecka

(a) Residence: No. 720 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Ignatius Czarnecka

6. DATE OF BIRTH (month, day, year) About 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Oliver Haas

(Address) 2102 Alvecanna St

18. BURIAL, CREMATION, OR REMOVAL

Holy Rosary Date June 28th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 Huntington Ave & St Paul St

N 27932

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h— alive on ... 19... Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burns	

Other contributory causes of importance: Acute Alcoholism

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, ~~suicide~~ or ~~homicide~~? Yes Date of Injury June 25 1932

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury 3rd degree Burns upset Lamp Catching fire to dress

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) P F Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80918 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80918

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 Woodlawn Rd St., (Ward) 27-53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ronnie J. Stevenson

(a) Residence: No. 326 Woodlawn Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Co Ga

FATHER

13. NAME John C Stevenson

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Euthenia Bailey

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT D A Clyburn
(Address) 326 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Permanent Date June 28, 1932

19. UNDERTAKER Wm C Ford & Son
(Address) 1217 E Fort Ave

20. FILED ..., 19... RPR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to June 27, 1932

I last saw h alive on June 2, 1932 Death is said to have occurred on the date stated above, at 12-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of Breast.	1929
b Lawrence in Axilla	1932
c	
d	

Other contributory causes of importance:

Name of operation Amputation of L Breast 1933 Date of

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) M. Fibra Parlin, M. D.

(Address) 4822 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 80919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80919

CERTIFICATE OF DEATH

59 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W Franklin St. 19-37 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Robinson

(a) Residence: No. 1415 W Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Wm. Robinson

6. DATE OF BIRTH (month, day, year) Exact date unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Appox 61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Howard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Chas. Robinson (son)
(Address) 1415 W Franklin st

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 29 1932

19. UNDERTAKER [illegible]
(Address) 1922 Connecticut Ave

No. ..... Filed ..... 19 — — Registrar.

JN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to June 26, 1932

I last saw h[illegible] alive on June 26, 1932 death is said to have occurred on the date stated above, at 1:12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	March 1932

Other contributory causes of importance:

Mitral Insufficiency	Uncertain
Arteriosclerosis	
Diabetes mellitus	

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-24-32—M.S.—500 Bks.

E 80920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80920

93-003

CERTIFICATE OF DEATH

REGISTERED NO. B-57

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l St. or) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Augusta Munger

(a) RESIDENCE NO. 3261 Chestnut Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Verne Munger.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Iowa.

12 MAIDEN NAME OF MOTHER Louise Boothman.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Hospital Records,
(Address)

15 Filed ..., 19 ... Registrar

N 231932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24/32

17 I HEREBY CERTIFY That I attended deceased from May 27, 1932, to June 24, 1932, that I last saw her alive on June 24, 1932 and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Virulent Septicaemia,

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

Pyelitis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Findings.

(Signed) Albert V. Chenault, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Druid Ridge	June 28 32
20 UNDERTAKER	ADDRESS
H. S. Marshall	3539 Gall Rd

Spec. 1-10-21 M&T—1500 Blks.

E 80921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80921

62 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp St. 414-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hayes

(a) RESIDENCE NO. 1819 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. 4 COLOR OR RACE: Colored. 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE 35 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Rev D.W. Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Idella Conner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

11 Informant (Address) Rev D.W. Hayes 1819 McCulloch St

12 Filed JUN 28 1932 Huntington Williams M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1932

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 25, 1932, that I last saw h alive on June 25, 1932 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Pellagra

with Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H.P.S Hughes M. D.

6-27, 1932 (Address) 825 N. Dremond Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 6/28/1932

20 UNDERTAKER Samuel I. Hemsley ADDRESS W. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80922

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 80922

F 210-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Groff

(a) Residence: No. Hammond's Ferry Road St., 1 House east of Head Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 2, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

FATHER

13. NAME Adam Groff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva B. Schmeiser

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Eva Waugh

(Address) 3410 Copley Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Olivet Cemetery Date 6/29 . 1932

19. UNDERTAKER W M Cook

(Address) 1217-18 Eutaw St

FILED JUN 28 1932 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from injury . 19 . to . 19 .

I last saw h alive on injury . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured middle fossa of skull	6/27/32
Other contributory causes of importance: Struck by automobile	6/27/32

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/27. 1932

Where did injury occur? Washington Rd & Eaton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking

Nature of Injury across road.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pleasants M. D. Coroner

(Address) 220 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1936-9

80923

E 80923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S. Conkling (St.) Ward)

Registered No. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Bettie Watson

(a) Residence: No. 802 S. Conkling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (or) WIFE of Hugh Watson

6. DATE OF BIRTH (month, day, year) Mar 28/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME William Burke

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Margaret Stafford

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Hugh Watson

(Address) 802 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 29 1932

19. UNDERTAKER John A. Myers

(Address) 3600 E. Baltimore St.

20. FILED June 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 1924 to June 25 1932

I last saw her alive on June 25 1932 Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1931
Bronchitis	1924

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Buchanan, M. D.

(Address) 3501 Fairview

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 30924

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 ✓ E 80924

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 514 Bruns ST. 17-36 WARD)

2—FULL NAME Ida Taylor

(a) RESIDENCE NO. 514 Bruns ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/13/78

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	53	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 27 0

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Taylor

(Address) 514 Bruns St

15 Filed JUN 23 1932 [illegible] Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/32

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to June 26, 1932

that I last saw her alive on June 25, 1932

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar (Abscess)

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination Bronchial Sputum

(Signed) L. H. Hunter, M. D.

June 27 1932 (Address) 712 S. Mary St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cet	6/28/1932
20 UNDERTAKER	ADDRESS
Isaiah L Brown & Son	1133 Montgomery

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 80925 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80925

CERTIFICATE OF DEATH

X 12½-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 3½ Inc 9-17 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Hughes

(a) Residence: No. Carroll Island Road Bengest, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary M. Hughes

6. DATE OF BIRTH (month, day, year) Nov 2/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

FATHER

13. NAME John Asbury Hughes

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Phila., Pa.

17. INFORMANT Mary M. Hughes
(Address) Middle River P.O. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Ernos (Cem.) Date 6/30, 1932

19. UNDERTAKER Fred Lassahn & Son
(Address) 7401 Eccles Road. Huntington Williams, N.Y.

20. FILED JUN 28 1932 19..... Registrar ..... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Toxicity- Strangulated Hernia	

Other contributory causes of importance:

Name of operation Herniotomy Date of 6/27/3

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Wallen Coroner M. D.

(Address) 508 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80926 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80926

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1828 W. North Ave. St. 15-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward C. Winters

(a) Residence: No. 1828 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
male	white	Married

5a. If married, widowed, or divorced ~~WIFE of~~ HUSBAND of Elizabeth C. Van Order

6. DATE OF BIRTH (month, day, year) Jan 6, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Winters

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McFarland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Winter

(Address) 1828 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 30, 1932

19. UNDERTAKER Martin Fahey & Sons

(Address) 1828 W. North Ave.

Filed Jan 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Jan 27th, 1932

Last saw h. ~~alive~~ on Jan 25, 1932. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis (Chronic Nephritis)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Gibson M. D.

(Address) Washington Apts

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 80927 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80927

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 16-23 (Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Dyson

(a) Residence: No. 1136 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) June 28, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 ~~547~~	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date June 28, 19 32

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Presstman st.

FILED JUN 28 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 10, 19 32 to June 25, 19 32

I last saw him alive on June 25, 19 32. Death is said to have occurred on the date stated above, at 1:30 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chr.	unknown
Hypertension	"
Uremia, acute	6-23-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jas. E. Arnold Jr. M. D.
(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80928

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., 9-16 WARD)

2-FULL NAME William C. Plummer

(a) RESIDENCE No. 528 E. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adeline D. Plummer

6 DATE OF BIRTH (month, day, and year): Oct. 29, 1879

7 AGE — Years: 52 — Months: 7 — Days: 27 — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Hecht. Bros.

9 BIRTHPLACE (city or town) (State or country): Kent County Maryland

PARENTS

10 NAME OF FATHER: William B. Plummer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co. Maryland

12 MAIDEN NAME OF MOTHER: Mary C. Hilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Maryland

14 Informant: Mrs. Adeline D. Plummer

(Address) 528 E. North Ave.

15 Filed JUN 26 1932, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho-pneumonia

(duration) ... yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy U. Cromwell, M. D. Coroner

6/26 1932 (Address) 293 Patapsco Ave., Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Christian Mid Cemetery — DATE OF BURIAL: June 29 1932

20 UNDERTAKER: Chas. S. Black — ADDRESS: 742 W. Northave

Huntington ... Director

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80929

80929

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. J 46

CITY OF BALTIMORE: (No. 1629 Beason ST. 24-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Carney

(a) RESIDENCE NO. 1629 Beason ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick J. Carney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Laden

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mary Carney

(Address) 1629 Beason St.

15 Filed JUN 28 1932 19 Huntington Williams, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27-32

17 I HEREBY CERTIFY, That I attended deceased from 4-16, 1932, to 6-27, 1932,

that I last saw her alive on 6-22, 1932,

and that death occurred, on the date stated above, at 4.00 A m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF STOMACH

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-RAY EXAM.

(Signed) John J. Dorsey, M. D.

19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	June 28 1932
UNDERTAKER E. Leroy Stiffler, Inc.	ADDRESS 1258 Northern

Important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80930

REGISTERED NO. E 80930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 S. Aldham ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pasquale Romagnoli

(a) RESIDENCE NO 346 S. Aldham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cristina Romagnoli

6 DATE OF BIRTH (month, day, and year) Sept 16 1882

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Tony Romagnoli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Filomina Lombardi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Christina Romagnoli

(Address) 346 S Aldham Ave. Huntington Maryland

15 JUN 28 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D C Stevens MD, M. D. Coroner

6/28, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem

DATE OF BURIAL June 29 1932

20 UNDERTAKER John Leerich

ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

80931 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80931

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on Arrival Hopkins Hospital St., 7-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Agnes Maddox

(a) Residence: No. 520 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Daniel H. Maddox

6. DATE OF BIRTH (month, day, year) May 7/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Robert Hall

14. BIRTHPLACE (city or town) (State or country) Harforf Co. Md

MOTHER

15. MAIDEN NAME Susan A. Hall

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mrs Edna Gover (Daughter)
(Address) Forrest Hill. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 6/29/ 1932

19. UNDERTAKER Mrs. Chas G. Bailey
(Address) 1421 Jefferson St
Huntington Williams
Registrar.

JUN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above at about 5 P.M.

The principal cause of death and related causes of importance were as follows:
Myocardial Insufficoency — Date of onset

Other contributory causes of importance:
Arteriosclerosis (Senile)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. H. Bacon M. D.
Coroner
(Address) 508 E Mt Royal Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80932

E 80932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Argyle av St. 17-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christeen Clark

(a) Residence: No. 1125 Argyle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry P. Clark

6. DATE OF BIRTH (month, day, year) June 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Bishop.
(Address) 34 Northwest H Arnold

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/28/1932

19. UNDERTAKER Monroe A. Brown
(Address) 1631 Druid Hill Ave

20. FILED JUN 30 1932 [illegible] Registrar.

JUN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24 - 1932 to June 25 - 1932

I last saw h alive on June 23 1932 Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indef
Chr. Interstitial Nephritis	3 yrs
Chr. Valv. heart disease (Mitral incomp)	3 yrs

Other contributory causes of importance:

Bronchial asthma	1 yr.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80933

CERTIFICATE OF DEATH

117-08

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. Franklin St. ST. 47 WARD)

2-FULL NAME Michael J. Wagner.

(a) RESIDENCE NO. 15 E. Franklin St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Martha E. Wagner.

6 DATE OF BIRTH (month, day, and year) January 28, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Oyster Packer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael J. Wagner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Spiegel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Martha E. Wagner. (wife)

(Address) 2620 E. Baltimore St.

15 Filed JUN 29 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Hemorrhage.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

6/28/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery.

DATE OF BURIAL Jun. 29, 1932

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

AACo. 5-31 250B

E 80934 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 80934

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 s Durham St St., 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Valentine Schweiger

(a) Residence: No. 524 S Durham St (Usual place of abode) St., 2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Schweiger

6. DATE OF BIRTH (month, day, year) 8 Sept, 1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank Schweiger (son)
(Address) 524 S Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 30 1932

19. UNDERTAKER Gilbert Zeiler Inc.
(Address) 723 S Exeter St.

20. FILED ... Registrar
JUN 2 6 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932, to June 26, 1932 that I saw h... alive on June 26, 1932 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2
Other contributory causes of importance: Arterio-Sclerosis	2

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Joseph L. Valentine M. D.

(Address) 1x E Fayette

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 80935

80935 HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette & Calhoun Sts.) (or) (Ward) 21-24

Registered No. .....
(If death occurred in a hospital or institution; give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Harry~~ Harry W. Chance

(a) Residence: No. 421 Scott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gramlich & Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William E. Chance

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary C. Patterson

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mary C. Chance

(Address) 421 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 29 1932

19. UNDERTAKER Mrs. Mary. John W. Teufel & Son

(Address) 60 W. Fayette St

FILED JUN 28 1932 Hester Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 26, 1932

I last saw him alive on June 26, 1932, death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Abscess	June 11
Other contributory causes of importance:	

Name of operation Incision & Drainage Date of a... 6-22-32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Schreiber, M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo 5-31 250B

80936 ✓ E 80936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3911 Liberty Hts Ave — Registered No. 48

CITY OF BALTIMORE: (No. ..... St. 15-64 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Martha Milliken

(a) Residence: No. 3911 Liberty Hts Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Corry Milliken

6. DATE OF BIRTH (month, day, year) June 16 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Henry Holland

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

MOTHER

15. MAIDEN NAME Mary Martha Holland

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Virginia Milliken
(Address) 3911 Liberty Hts Ave

18. BURIAL, CREMATION OR REMOVAL
Place London Park Date June 29 1932

19. UNDERTAKER Mrs Mrs. John F. Tenfelde Son
(Address) 501 N Fayette St

20. FILED JUN 29 1932 Harry [illegible] Williams M.D. Registrar.
Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24 1932 to June 26, 1932
I last saw her alive on June 26, 1932, death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Generalized Carcinoma ?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earle F. Glennon M. D.
(Address) 3401 Garrison Blvd.

E 80937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80937

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Luzerne ave St., 7-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 9 mos 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Vittek

(a) Residence: No. 517 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 23, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Vittek
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Peterka
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Vittek
(Address) 517 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 30, 1932

19. UNDERTAKER Frank Graboski
(Address) 1128 Holland Ave

20. FILED JUN 30 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to June 28, 1932
I last saw h[illegible] alive on June 28, 1932 death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left side)	June 23
Other contributory causes of importance:	
Chr. Bronchitis - Moderate	1 yr.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis N. Grumeir M. D.
(Address) 722 N. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 80938 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80938

CERTIFICATE OF DEATH

X 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Beckt

(a) Residence: No. 10 Oakwood Ferry Manor St., Dundalk Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Beck

6. DATE OF BIRTH (month, day, year) May 12 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soap maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dust Products

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo

FATHER

13. NAME Peter Beckt

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Lena Mang

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. G. Beck

(Address) 10 Oakwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date June 30, 1932

19. UNDERTAKER Henry Sander & Sons, Inc. H. Sander

(Address) Baltimore St. & Broadway

20. FILED N 23 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 a - 2nd - 3rd - degree burns of abdomen & thighs.	6/7/32
Accidental Death	
Other contributory causes of importance: Pneumonia, lobular	6/14/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Yes Date of injury 6/7, 1932

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Explosion of steam boiler

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) ... Coroner, M. D.

6/7/32 (Address) ...

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 80939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80939

CERTIFICATE OF DEATH

95-202

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 120 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Nutt

(a) Residence: No. 1033 N. Bloomfield St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret Nutt

6. DATE OF BIRTH (month, day, year): June 23-1880

7. AGE: Years 52 | Months | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Robert Nutt

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Eliza Newton

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Margaret Nutt
(Address) 1

18. BURIAL, CREMATION, OR REMOVAL
Place: Mollusk Va Date: 6-30 1932

19. UNDERTAKER: Samuel H. Chase Sons
(Address) 638 N. Gilmor St

Huntington Williams, N.D.

20. FILED: 6-30 1932 Registrar.

N 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1932 to 6-27, 1932

I last saw him/her alive on 6-27, 1932 death is said to have occurred on the date stated above, at 4.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-25-32

Other contributory causes of importance

Hypertension Cardio Vascular Disease

Name of operation: None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) George McDonald M. D.

6-27-32 (Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 E 80940

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 23-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernadette M Shaw

(a) Residence: No. 1422 S - Charles St., St - Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lew, Eagen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Reads — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/1 1932

19. UNDERTAKER J. Fenn McCully
(Address) 42 Pine Front, Huntington Williams, W. Va.

28 1932 Registrar. U. S. P. H. Service

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 31, 1932 to June 27, 1932
I last saw her alive on June 27, 1932 Death is said to have occurred on the date stated above, at 5:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis (Hemolytic streptococcus)	May 25

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

80941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80941

CERTIFICATE OF DEATH

93-001.

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 So. Monroe St. 19-25 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A Sevier

(a) Residence: No. 328 So Monroe St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Hannah E Sevier

6. DATE OF BIRTH (month, day, year) Apr 1st 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles A Sevier

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs M. Viola Cox

(Address) 328 So Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/30/ 1932

19. UNDERTAKER John F Edwards & Son

(Address) 901 E Lombard St

N 28 1932

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/ 1932

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932, to June 27, 1932

Last saw him alive on June 26 1932 death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	6/13/32
Other contributory causes of importance: Gastro-Enteritis	1/15/32
Rheumatism	1930

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M A O'Neill M. D.

(Address) 108 N. Fulton Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 80942

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 E. Cross St. ST. 24-33 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Matthews.

(a) RESIDENCE NO. 456 E. Cross St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Emma E. Matthews

6 DATE OF BIRTH (month, day, and year) December 24, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Marine Engineer, 3.30
(b) General nature of industry, business, or establishment in which employed (or employer): Cottman Towing Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Vaughn Matthews.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Josephine Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A. A. Co. Md.

14 Informant: Frank Matthews. (son)

(Address) 1448 Battery Ave.

15 Filed JUN 28 1932 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Wittenbrandt, M. D. Coroner

6/27/32 (Address) 107 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Old Homelsen A. A. Co	June 29 1932
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 28 1932

Spec.—9-30—A. & Co.—250 Bks.

80943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80943

CERTIFICATE OF DEATH.

X 87-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 564 Preestman ST. 14-26 WARD

2 FULL NAME Laura Young Hughes

(a) RESIDENCE No. 564 Preestman ST. WARD Long Green, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H. Hughes

6 DATE OF BIRTH (month, day, and year) June 10, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
(54)	1878	4	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None / General Houses
(b) General nature of Industry, business, or establishment in which employed (or employer) 0 3 7
(c) Name of employer Home Work

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John H. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant (Address) Blanche A. Stinson 564 Preestman St.

15 (Filed) ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26-32

17 I HEREBY CERTIFY, That I attended deceased from June 24, 19 32, to June 26, 19 32
that I last saw h[er] alive on June 25, 19 32
and that death occurred, on the date stated above, at 3:40 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY Cerebral Hemork
(Secondary)
age (duration) Several days yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Londerman M. D.

6/27/19 32 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Long Green Md

DATE OF BURIAL 6/29/19 32

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 165 N. Dund

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N 28 1932

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80944

CERTIFICATE OF DEATH

E 80944

82-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ... St. 26-37 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth ? yrs. mos. ds.

2. FULL NAME Susan Pully

(a) Residence: No. none (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) 1870 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME Isaac Johnson

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Cemetery Date 6/29/ 1932

19. UNDERTAKER Geo. H. Holland (Address) 1 & 2 Druid Hill Ave

Filed ... 19 ... Registrar.

JUN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1929 to June 26, 1932

I last saw her alive on June 26, 1932. Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	Sept 1929
Hemiplegia left.	Sept 1929
Hypertension	Cerebrum
Arteriosclerosis	"

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas Gholson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 80945 E 80945

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 East Wheeling St. 23-31 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Frances Casserly

(a) Residence: No. 40 East wheeling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed.

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	8	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Rudolph

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rose McNaughton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT M. John Casserly
(Address) 53 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 29 1932

19. UNDERTAKER Margaret O'Hagan
(Address) 1417 E. Lexington St.

JUN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 26, 1932

I last saw her alive on June 25, 1932 Death is said to have occurred on the date stated above, at 11.55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Not known
myocarditis	
Other contributory causes of importance:	
acute Bronchitis	6 days
acute Hemorhage	
Nephritis	4 days

Name of operation none Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East West street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80946

CERTIFICATE OF DEATH

108 E 80946

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jo. Balt. Gen. Hosp. St. 2-31 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Morrisette

(a) Residence: No. 101 W. Clement St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10. 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoolboy

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norristown Pa.

FATHER

13. NAME Julian W. Morrisette

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Estelle McCurdy

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT (mother)
(Address) 101 W. Clement St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Cem. Date June 30 1932 Director

19. UNDERTAKER Margaret L. Flynn
(Address) 1422 Light St.

Huntington Mills Registrar

N 28 T 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to June 28, 1932

I last saw him alive on June 27 1932 death is said to have occurred on the date stated above, at 12 05 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	
Bilateral Polar Pneumonia	6-21-32

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Lab. Clement Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmanuel A Schumacher, M. D.

(Address) Jo. Balt Gen Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80947

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6007 Park Heights Ave St., Ward 55) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Geoghegan

(a) Residence: No. 6007 Park Heights Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James R. Geoghegan

6. DATE OF BIRTH (month, day, year) June 6, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lochearn Md

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Geoghegan
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL. Place Edgewood Date 6/24/32

19. UNDERTAKER Wm. E. Pool & Co
(Address) 1217 E. Pratt St

JUN 28 1932

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to June 28, 1932

last saw h... alive on June 11, 1932. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene 1 foot	?

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Amputation Date of ?

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Hill M. D.

(Address) 4631 Roslyn Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80948

CERTIFICATE OF DEATH

82-22

E 80948

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3116 Gruenmount Ave (Street) (Ward) 50

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E Tault

(a) Residence: No. 3116 Gruenmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1842

7. AGE: Years 90 | Months 1 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School 064

10. Date deceased last worked at this occupation (month and year) 22

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob H Tault

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Christina S Stagmier

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Louisa E Tault

(Address) 3116 Gruenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Gruenmount Date 6/30/32

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E Baul St

20. FILED JUN 28 1932 Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from over ten years 1920 to June 28 1932

I last saw h[illegible] alive on June 28 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage resultant	
Senility etc.	over 3 yrs ago
Other contributory causes of importance:	
Bronco Pneumonia	6 da.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Haines M. D.

(Address) 3600 York Rd Baltimore Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 28 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

80949

E 80949

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4919 Park Heights Ave (St.) 27-56 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Pinder

(a) Residence: No. 4919 Park Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Pinder

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Robert Pinder

(Address) 4919 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 30 1932

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E. Fayette St

20. FILED ... Huntington Woods, N.Y.

JUN 28 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to June 27 1932

I last saw h. alive on June 27 1932 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis (about) (Paraplegia)	June 27

Other contributory causes of importance:

Arteriosclerosis	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. B. Pinder M. D.

(Address) 4936 Park Heights Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Lindy Travers ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80950 E 80950

CERTIFICATE OF DEATH

(Border Point) 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Bereden Ct 4-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 hrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lindy Travers

(a) Residence: No. 2008 Bereden Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Travers

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 9?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo Dawson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Whyte

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Rehmsen
(Address) 2008 Bereden Ct

18. BURIAL, CREMATION, OR REMOVAL
Place Cathy Cem. Date July 1, 1932

19. UNDERTAKER Robt T. Williams
(Address) 15 15 Mc Elderry St

Huntington Williams, N.D.
Registrar.
Director

JUN 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 32

22. I HEREBY CERTIFY, That I attended deceased from June 10, 32 to June 27, 32

I last saw h. le alive on June 27, 32 death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	June 10 32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo Dawson, M. D.

6-28-32 (Address) 50 Aberdeen St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80951

1-30 100 B—50L

E 80951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 Gorman Ave ST. 20-6 (WARD)

2-FULL NAME Jennie Mathias

(a) RESIDENCE NO. 36 Gorman Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 3rd 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	79	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Mathias

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Coban

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William H. Carney

(Address) 36 Gorman Ave

15 Filed ..... Huntington Williams Registrar (Deputy)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fell from chair onto cement pavement in backyard - accidental

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Fracture of right femur
Arteriosclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2101 Vine St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

6/28 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greencastle Pa

DATE OF BURIAL July 1st 1932

20 UNDERTAKER George C. Schwab

ADDRESS 2101 Linden Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80952

HEALTH DEPARTMENT—CITY OF BALTIMORE E 80952

CERTIFICATE OF DEATH

V53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Poplar Grove St. 20-70 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Henrietta Schaffer.

(a) Residence: No. 502 Poplar Grove St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Edgar L. Shaffer

6. DATE OF BIRTH (month, day, year) May 17-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Henry C. Reddrick

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Lena Lambert most

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Edgar L. Shaffer
(Address) 502 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 29 1932

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave.

20. FILED JUN 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to June 26, 1932.
I last saw her alive on June 26 1932, death is said to have occurred on the date stated above, at 12-15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Sarcomatosis.	1929
Site of original lesion left eyeball.	

Other contributory causes of importance:

Name of operation Enucleation of left eye on 1930.

What test confirmed diagnosis? microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Michel, M. D.

(Address) 2901 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

80953 E/80953

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1339 Division ST. 17-24th (Ward)

2-FULL NAME Robert Tuckson

(a) RESIDENCE No. 1339 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Tuckson

6 DATE OF BIRTH (month, day, and year): — 1867

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Tuckson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Julia Tuckson
(Address) 1339 Division

15 Filed JUN 29 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1932

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 26, 1932, that I last saw h alive on June 26, 1932, and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchopneumonia
Nephritis

(duration) Probably 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Rheumatic fever and Cardiac Lesion (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. J. Gosling, M. D.

6/27 1932 (Address) 1734 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 29 1932

20 UNDERTAKER: James A Hayes — ADDRESS: 1423 Pitcher St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 80954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80954

CERTIFICATE OF DEATH

+ V 141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 16 ds. How long in U.S. If of foreign birth? 4 yrs. 2 mos. ds.

2. FULL NAME Florence Moore

(a) Residence: No. 221 Ninth St. Laurel St., ... Ward. .....
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Moore

6. DATE OF BIRTH (month, day, year) Jan. 29, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Delaplane Virginia

FATHER

13. NAME Walter P. Manuel

14. BIRTHPLACE (city or town) (State or country) ✓ Virginia

MOTHER

15. MAIDEN NAME Lilly Pierson

16. BIRTHPLACE (city or town) (State or country) ✓ Virginia

17. INFORMANT Marion Moore

(Address) 221 Ninth St Laurel, Md

18. BURIAL, CREMATION, OR REMOVAL

Place I.N. Hill Date 6/6/32 19

19. UNDERTAKER LLOYD KAISER

(Address) Laurel Md

20. FILED JUN 23 1932 ..... Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 to June 28, 1932

I last saw her alive on June 28, 1932 death is said to have occurred on the date stated above, at 10 16 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miscarriage due to natural causes. (Duration of pregnancy about 2 months)	about 3 wks ago.
Other contributory causes of importance:	

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Rudolph J. Schork, M. D.

(Address) Woman's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80955

1-B M. C. 1.—100 B—50L

E 80955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-68 WARD

2-FULL NAME Ada Baer

(a) RESIDENCE NO 1520 1530 N. Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 1-1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Mario Baer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Jacobson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Benny Berner

(Address) 1522 N. Smallwood St

15 Filed JUN 29 1932, 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis and Insufficiency (Cardiac)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Odema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Waller, M. D. Coroner

6/29/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lloyd Street Hebrew Cemetery

DATE OF BURIAL 6-29-30 19

20 UNDERTAKER Jack Levin Inc

ADDRESS 1439 E. Baltimore

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80956

1-[illegible] 100 B—50L

E 80956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 V

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hos. ST. 816 (WARD)

2-FULL NAME John Walton East.

(a) RESIDENCE NO 1711 N. Montford Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine East.

6 DATE OF BIRTH (month, day, and year) May 19, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Factory Hand
(b) General nature of industry, business, or establishment in which employed (or employer) 080
(c) Name of employer Balty. Enamg. Novelty Co. Balty. Md.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry East.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Abigail King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Catherine East

(Address) 1711 N. Montford Ave

15 Filed JUN 29 1932 Registrar Huntington Williams

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poisoning

Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John H. Paller Coroner, M. D.

6.28.1932 (Address) 5[illegible]8 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL June 29 1932

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS North Ave

Director

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

80957 23-21—E.B.P.S.—400 Bks. Fiebelkorn E 80957

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1125 Harlem ave. St. 16-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Dekering Fiebelkorn

(a) Residence No. 1125 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry Fiebelkorn

6-DATE OF BIRTH (month, day and year): Dec. 28, 1856

7-AGE: 75 yrs. 6 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: house work

(b) General nature of Industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto., Md.

PARENTS.

10-NAME OF FATHER: Gerard Dekering

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Kaeger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany.

14-(Informant) Miss Mary Dekering
(Address) 1125 Harlem Ave

15-Filed JUN 29 1932 Huntington, W. Va. Registrar. Director

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 27, 1932

17- I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1932 to June 27, 1932 that I last saw her alive on June 27, 1932, and that death occurred, on the date stated above, at 3.00 p. m.

The CAUSE OF DEATH* was as follows:

cerebral hemmorrhage

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual tests.

(Signed) George A. Kupp, M. D.

, 19 (Address) 3030 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL, June 30, 1932

20-UNDERTAKER: Wm. J. Tickner & Sons ADDRESS North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2506

E 80958 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80958

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 16-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 310 W. Lanvale St St. ..... Ward)

Length of residence in city or town where death occurred 12 yrs. + mos. - ds. How long in U.S. If of foreign birth? 56 yrs + mos. - ds.

2. FULL NAME ~~Mrs.~~ Aletta M. Clark

(a) Residence: No. 713 Woodington Rd. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Thomas Clark

6. DATE OF BIRTH (month, day, year) March 15, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) on the island of St Eustatius D.W.I.

FATHER

13. NAME Nathaniel Musenden

14. BIRTHPLACE (city or town) (State or country) Dutch West Indies

MOTHER

15. MAIDEN NAME Eliza Brown

16. BIRTHPLACE (city or town) (State or country) D.W.I.

17. INFORMANT Mr. A.T. Clark (son).
(Address) 1 Middleton Court

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date June 29 1932

19. UNDERTAKER (Omar Peterson Sons)
(Address) Mount & Ayres.

20. FILED ..... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to June 27, 1932

I last saw her alive on June 26, 1932 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis: aortic and mitral insufficiency	at least 3 yrs
fibrillation & C.P.C.	6 mo.

Other contributory causes of importance:

Name of operation none. Date of .....

What test confirmed diagnosis clin. & lab. methods. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Randall Smith, Jr. M. D.

(Address) 927 N. Calvert Street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1932

AaCo. 5-31 250R

E 80959

E 80959 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1624

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1409 Carswell St. 9-46 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha A Shipley

(a) Residence: No. 1409 Carswell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin R Shipley

6. DATE OF BIRTH (month, day, year) July 24 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
87	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Mt Savage Md

FATHER

13. NAME Geo. W. Logsdon

14. BIRTHPLACE (city or town) (State or country) Mt Savage Md

MOTHER

15. MAIDEN NAME Mary Lancaster

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Son) Wm M. Shipley

(Address) 1409 Carswell St

18. BURIAL, CREMATION OR REMOVAL

Place St John Cemetery Date June 29 1931

19. UNDERTAKER Fuller W Company

(Address) 1424 Eager St.

20. FILED Hunting Park Avenue, Md
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/28/20, 19... to 6/22/32, 19...

last saw h[illegible] alive on 6/22/32, 19... death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. W Gaddess, M. D.

(Address) 321 E 25

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

E 30960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80960

23V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1505 E Lombard ST.: 3-4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Dillard

(Residence in Baltimore: No. 1505 E Lombard St.: ... yrs. 2 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) May (Day) 10 (Year) 1895

7-AGE. 37 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work ..... Labour (b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. George Dillard

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Minnie Dillard

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Dillard

(Address) 1505 E Lombard St.

15- JUN 29 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1932, to June 27 1932, that I saw h (illegible) alive on June 27 1932 and that death occurred, on the date stated above, at 5.45 PM

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Edward Eccleston M. D.

June 27, 1932. (Address) 1514 E Belle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery DATE OF BURIAL, June 30 1932

20-UNDERTAKER John W Henderson & Monument ADDRESS 1503

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80961

CERTIFICATE OF DEATH

E 80961

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 W Hoffman St. 17-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm A. Grayson

(a) Residence: No. 523 W Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: Col'd | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Fraguey Grayson

6. DATE OF BIRTH (month, day, year): Jan 7 1865

7. AGE: Years: 69 | Months: 5 | Days: 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince Georges Co Md.

FATHER

13. NAME: Chas Grayson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mahe

16. BIRTHPLACE (city or town) (State or country): Prince Georges Co Md

17. INFORMANT: Wm A. Grayson

(Address) 1570 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date June 27, 1932

19. UNDERTAKER: Wm Robt F Williams

(Address) 322 N Fremont St.

Filed June 27 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ... Coroner

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19 H. P. Co.—1000 Bks.

E 80962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80962

82-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Eye, Ear Throat Hospital — REGISTERED NO. 15458

CITY OF BALTIMORE: (No.) 1214 Eutaw Place (St.) — (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillian Goldman

(a) RESIDENCE. (No.) 2641 Loyola Northway (St.) — (Ward)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard Goldman

6 DATE OF BIRTH (month, day, and year) May 26, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work + Housework

(b) General nature of industry, business, or establishment in which employed (or employer) +

(c) Name of employer +

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Solomon Sannborn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Yetta Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Sannborn (Address) 211 W. Northern Ave.

15 Filed JUL 5 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1932

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 28, 1932

that I last saw her alive on June 28, 1932

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Mastoiditis, Lateral Sinus thrombosis, Septicemia.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Lateral Sinus Thrombosis — Septicemia (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? 2641 Loyola Northway

Did an operation precede death? Yes Date of 4/2/32 & 6/16/32

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Myron M Baughman, M. D.

6/28 1932 (Address) Balto Eye Ear & Throat Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 6/29 1932

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

Director

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 80963

E 80963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infir. ST. 3 WARD)

2-FULL NAME Padgett, Charles

(a) RESIDENCE NO. 2719 Eastern Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 209

(b) General nature of industry, business, or establishment in which employed (or employer): Western Elect. Co,

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: David H. Padgett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Augusta Eisenberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md

14 Informant (Address): David Padgett 2719 Eastern Ave

15 Filed JUN 29 1932 19 Huntington Williams M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to June 28, 1932.

That I last saw h.. alive on June 28, 1932.

and that death occurred, on the date stated above, at 12.15 P. M.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute with rupture.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis (general) & Paralytic Ileus (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 23, 1932

Was there an autopsy? Yes No.

What test confirmed diagnosis? Physical exam & history

(Signed) Richard V. Hoover M. D.

19 (Address) Church Home Inf.

*State the Disease Causing Death, or in deaths from Violent Causes State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 7/1/32 19

20 UNDERTAKER: H. Wm. Wood & Son

ADDRESS: 2503 Edmondson Ave

JUN 29 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

Manager ✓

E 80964 HEALTH DEPARTMENT—CITY OF BALTIMORE E 80964

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Lowmer

(a) Residence: No. 1706 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clubcurran

6. DATE OF BIRTH (month, day, year) Sept 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Schreur

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT City Hospitals Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date June 30, 1932

19. UNDERTAKER F. Vernon Keefer
(Address) 1532 Baltimore Ave. Hagerstown, Md.

20. FILED JUN 30 1932 M. H. Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932 to June 28, 1932

I last saw h.e alive on June 28, 1932 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia terminal	6/28/32
Other contributory causes of importance:	
Arterio Sclerosis & Myocardial disease	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Mary E. Dorsett M. D.

(Address) City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 80965

E 80965 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 8-16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Ewing

(a) Residence: No. 612 N. Lemmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Marion L. Ewing.
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Viola E. Bowen
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Marion L. Ewing
(Address) 612 N. Lemmont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 30 1932

19. UNDERTAKER H. W. Cole
(Address) 1217 St Paul St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932 to June 28, 1932
I last saw her alive on June 28, 1932 death is said to have occurred on the date stated above, at 5-15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyaemia f/ Bronchial Pneumonia	4 ds.
Other contributory causes of importance:	
Cystic Breast	?
secondary Anaemia	?

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hargrave Jackson, M. D.
(Address) 1 E. Chase St. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80966

E 80966

CERTIFICATE OF DEATH

22-31 180

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Light St. ST., (WARD)

2-FULL NAME Sonya Goldberg.

(a) RESIDENCE NO 704 Light St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 24, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Nathan Goldberg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Lena Kessler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Nathan Goldberg. (father)
(Address) 704 Light St.

15 Filed JUN 29 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Extensive burns about face and body.
In fire of store and dwelling.
Occidental Death.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

6/29/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leon Herring Rem

20 UNDERTAKER Herring Leon Inc

DATE OF BURIAL 6/29 19 32

ADDRESS 1432 BALTO St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Beard) ✓

E 80967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80967

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 Vine ST. 20-27 WARD 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Junius Robert Beard

(a) RESIDENCE NO. 1823 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) Dec 15 1907

7 AGE — Years: 24 Months: 6 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robt Beard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Addison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Robt Beard 1823 Vine St

Filed JUN 29 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1932

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to June 27, 1932,

that I last saw him alive on June 26, 1932,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pul Hemorrhage

(duration) yrs. mos 1/2 hr ds.

CONTRIBUTORY (Secondary) Pul Tuberculosis

(duration) yrs. 3 mos. 13 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. O'Neill M. D.

6/28 1932 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: June 30 1932

20 UNDERTAKER: A. Jones — ADDRESS: W. S. Gibson

Huntington Williams Undertaking Co

Funeral Director

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 9-11 1508

80968

HEALTH DEPARTMENT—CITY OF BALTIMORE

80968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1904 Eutaw Place St. (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Schloss

(a) Residence: No. 1904 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cloth-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ing Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

FATHER

13. NAME William Schloss

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Henrietta Fleischman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. I. Halle
(Address) 1904 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date 6/30/ 19 32

19. UNDERTAKER Sand Smallheer & Son
(Address) 1902 Eutaw Place

Huntington Hillcrest, N.Y.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 4, 1932 to June 28, 1932

I last saw h. alive on June 28, 1932 death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (RT)	Feby 1932
(microscopic ex. of tissue in pleural effusion etc) Symp.	
Other contributory causes of importance:	
Arteriosclerosis Signs & Symptoms	1913
Myocarditis	

Name of operation Repeated Thoracentesis Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F Hamburger M. D.

(Address) 1207 Eutaw Place

JUN 29 1932

Information must be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 250B

E 80969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80969

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2427 Linden Ave St.) 13-59 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Diener

(a) Residence: No. 2427 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov-18th-1860

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	71	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore - Md

FATHER

13. NAME Isaac Diener

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Adler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie Rice
(Address) 2427 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 6/30/ 1932

19. UNDERTAKER (Signature) Harris Stockman & Son
(Address) 2424 Eutaw Place

20. FILED ... Huntington Williams
Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to June 28, 1932

I last saw h.r alive on June 28, 1932 death is said to have occurred on the date stated above, at 4:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 1931
Nephritis	"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis Diener, M. D.

(Address) Cylburn & Rft.

INFORMATION MUST BE GIVEN IN INK. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1932

AdCo. 5-31 250B

E 80970 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80970

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 W. Ostend St. 23-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Betz

(a) Residence: No. 8 W. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Estella Bredekamp Betz

6. DATE OF BIRTH (month, day, year): Aug. 11 - 1877

7. AGE: Years: 54 | Months: 10 | Days: 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Edward Betz
14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER
15. MAIDEN NAME: Sophie Bender
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs Alice Company
(Address) 130 W. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: June 30th 32

19. UNDERTAKER: Margaret E. Flynn
(Address) 1422 Light St.

20. FILED ... 32 Huntington Wise ... Registrar

JUN 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932 to June 27 1932
I last saw him alive on June 27, 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Primary carcinoma involving the liver stomach & bowels by metastasis — Date of onset: Unknown

Other contributory causes of importance:
ascites & abdominal tumor by metastasis. tumor of liver & colon.

Name of operation None / Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C Harper, M. D.

(Address) 1215 Hanover

Instructions should be carefully observed. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 137 E 80971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Frank Warren

(a) Residence: No. Stevenson Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Frank Warren

6. DATE OF BIRTH (month, day, year) April 11 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not known

10. Date deceased last worked at this occupation (month and year) not known

11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (city or town) (State or country) Finksburg Maryland

FATHER

13. NAME Elias Wasser

14. BIRTHPLACE (city or town) (State or country) Strasburg, Pa

MOTHER

15. MAIDEN NAME Mary De Moss

16. BIRTHPLACE (city or town) (State or country) Finksburg, Pa

17. INFORMANT Jno. C. E. Warren

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Md Date July 2 1932

19. UNDERTAKER H. Barnhard Son

(Address) Westminster Md

20. FILED Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/20/32 19 to 7/29/32 19

I last saw him alive on 7/29/32 19 Death is said to have occurred on the date stated above, at 10:45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	?
Postoperative pneumonia	6 da

Other contributory causes of importance:

Name of operation Prostatectomy Date of 6/23/32

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John S. Fowle M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. Any wrong statement will be punishable by law. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1932

M. D. B. 1268-9

E 80972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 80972

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 17-24

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Fletcher

(a) Residence: No. 927 Pennsylvania ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Viola Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn of Md. Date June 29, 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUN 29 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to June 27, 1932

I last saw her alive on June 27, 1932. Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence H. Sens, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 29 1932 25

M. D. B. 1268-9

E 80973 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 80973

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 8-16

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth?.... yrs.. mos. ds.

2. FULL NAME John Henry Beauchamp

(a) Residence: No. 1730 N. Duncan st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Beauchamp

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Beauchamp

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Fluharty

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn, Md Date June 29, 1932

19. UNDERTAKER Commissioner Health.
(Address) [illegible]

20. Filed JUN 28 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to June 27, 1932

I last saw him alive on June 27, 1932 Death is said to have occurred on the date stated above, 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence F. Sears, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 80974

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 9-17

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Garrison

(a) Residence: No. 1409 N. Spring st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Garrison

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Preston Garrison

14. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER

15. MAIDEN NAME: Liza ?

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred [illegible] Date June 29, 19[illegible]

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to June 26, 1932

I last saw him alive on June 26, 1932. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence Scott, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15

N 29 1932

M. D. B. 1268-9

80975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80975

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals 14-27 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bytha Crawford

(a) Residence: No. 323 N. Gilmore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jeff

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Miss.

FATHER

13. NAME Sam McGathy

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mabel ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

Interred and shipped at Mt. Auburn Jun 30/32

19. UNDERTAKER [illegible] (Address) Garrett T. Hensley [illegible]

20. FILED JUN 29 1932 Hunting for Nelson, N.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932 to June 26, 1932

I last saw her alive on June 26, 1932. Death is said to have occurred on the date stated above, at 9:45 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	6-24-32
Other contributory causes of importance: arteriosclerosis	unknown
Hypertension	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer Hightower, J. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 80976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80976

122-002

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Oppenheimer

(a) Residence: No. 3409 Woodhook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Henry Oppenheimer

6. DATE OF BIRTH (month, day, year) 8-23-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto - Md

FATHER

13. NAME Isaac Wittgenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mont Kruder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sarah Gerber
(Address) 2325 Gwynns Falls Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Chevra Shalom Cemetery Date 6/30/ 1932

19. UNDERTAKER Thomas & Co
(Address) 2325 Gwynns Falls Rd

20. FILED Huntington Williams, M.D.
Registrar.

N 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to June 29 1932

last saw her alive on June 29 1932. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Cachexia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Goodman, M. D.

(Address) J. Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 80977

E 80977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1915

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1043 N. Caroline St. 7-13 WARD)

2-FULL NAME Martha J. McFadden

(a) RESIDENCE NO. 1043 N. Caroline ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	---	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James McFadden

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. McIntosh.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania.

14 Informant Mrs. Alonzo Delcher
(Address) 3304 Alto Road

15 Filed JUN 30 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24-32

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to June 24, 1932

that I last saw h alive on June 29, 1932

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + myocardial insufficiency

(duration) Sev yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) M Bernard Lovell M. D.

6/29 1932 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 7/1 1932

20 UNDERTAKER Henry U. Myers & Son ADDRESS 505 W. Calvert

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80978

CERTIFICATE OF DEATH

159

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Bank St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Bielat.

(a) Residence: No. 2204 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 29. 32

7. AGE: Years | Months | Days | If LESS than 1 day, 10 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Thomas Bielat
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Isabel Sambdon
16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT: Isabel Bielat
(Address) 2204 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place: St Stanislaus Cem. Date: June 30, 1932

19. UNDERTAKER: George A. Weber
(Address) 705 Lombard Ave

Funeral Director Catonsville, Md.

Reg. FILED JUN 30 1932, 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29, 32

22. I HEREBY CERTIFY, That I attended deceased from June 29, 32 to June 29, 32

I last saw him alive on June 29, 32. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William L. Reamer M. D.

(Address) 601 E. Lanvale St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

80979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80979

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Tb 25-27 √23 Registered No. ....

CITY OF BALTIMORE: (No. .... St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Pete Garol (Gural)

(a) Residence: No. 4708 Curtis avenue St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0+5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Garo.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross C.C. Date July 2 1932

19. UNDERTAKER Wm S Fiktowski
(Address) 2007 Eastern Ave

20. FILED JUL 1932 Huntington Mitchell, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2 1932 to June 29 1932
I last saw him alive on June 29 1932 Death is said to have occurred on the date stated above, at 12.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 mos.
Other contributory causes of importance:	
Pleural effusion	2 mos.

Name of operation .... Date of ....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Lawrence [illegible] M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80980

M E 80980

210-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital - 4 ST., WARD)

2-FULL NAME Ida Silverstein

(a) RESIDENCE No 1923 E. Pratt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin Silverstein

6 DATE OF BIRTH (month, day, and year) ? ? ? 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Chayt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Max Silverstein Son

(Address) 1649 Smallwood St.

15 Filed JUN 30 1932 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured base of skull
intracranial hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by automobile
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pratt & Chapel Sts.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Struck by auto while walking across street

(Signed) ..... M. D. Coroner

, 19 (Address) 2200 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cemetary

DATE OF BURIAL 6/30 1932

20 UNDERTAKER Jack Lewis Inc.

ADDRESS 1439 E. Balto.

NOTE—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE CONTAINS QUESTIONS OF MEDICAL IMPORTANCE. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 80981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80981

CERTIFICATE OF DEATH

36

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 14-54 WARD)

2-FULL NAME Godfrey Morton

(a) RESIDENCE NO 2214 Etting St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER George Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Blanche Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Blanche Morton

(Address) 2214 Etting Street

15 Filed JUN 30 1932 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to new death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicaemia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2214 Etting

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) D.F. Herrig M.D., M. D.
Coroner

June 28, 1932 (Address) 1305 N Pattison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL June 30 1932

20 UNDERTAKER Thomas E. Kelem

ADDRESS 130 Forest

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 80982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80982

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 16-23 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter L. Berkley.

(a) Residence: No. 611 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie L. Berkley

6. DATE OF BIRTH (month, day, year): Sept 28-1886

7. AGE: Years 45 | Months 8 | Days 26 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Chas. Berkley
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Ella Gray
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mamie L. Berkley
(Address): 611 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cem. Date: 6-30-1932

19. UNDERTAKER: John M. Johnson
(Address): 1845 Druid Hill Ave.

20. FILED ... (Huntington Williams) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Funk Coroner, M. D.
(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN ... 1932

Director

M. D. R. 1961

E 80983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80983

CERTIFICATE OF DEATH

167 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 E. Biddle St., 8-13 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Rixham

(a) Residence: No. 2022 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie E. Rixham

6. DATE OF BIRTH (month, day, year) Nov 27/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Thomas Rixham

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Annie Rixham
(Address) 2022 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date June 30 1932

19. UNDERTAKER John Ledwick
(Address) 2005 E. Eutaw St, Balto, Md

20. FILED JUN 30 1932 Director.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at Between 2 & 6 A .M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot thru rt temple	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 6/28/32 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Bauer M. D.
Coroner

(Address) 508 E Fort Ave

M. D. B. 1268-5

809843 — 809843 — 80984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1332

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 13 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James Herman

(a) Residence: No. 120 N. 17th St St., ... Ward. Harrisburg - Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): 4/27/1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52 53	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Talley Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 09

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Pa —

FATHER

13. NAME: Aaron Herman

14. BIRTHPLACE (city or town) (State or country): Pa —

MOTHER

15. MAIDEN NAME: Mary Rose

16. BIRTHPLACE (city or town) (State or country): Pa —

17. INFORMANT: Records — (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Pa Date June 30 1932

19. UNDERTAKER: William G. Schaeffer

(Address) 1816 E Monument St

Filed JUN 30 1932 Huntingdon Milliamsport, Pa.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to June 29, 1932

I last saw him alive on June 29, 1932 Death is said to have occurred on the date stated above, at 5-35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis right	1926
Bronchopneumonia	6/26/32
Septic infarct pulmonary left	6/26/32

Other contributory causes of importance:

Uraemia	6/27/32

Name of operation Nephrectomy rt., Date of 6/29/32

What test confirmed diagnosis? Clinical Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd C. Lewis M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

80985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80985

CERTIFICATE OF DEATH

191 ✓

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 947 N. Washington St. 7-13 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice O. Whitaker

(a) Residence: No. 947 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of Late Howard Whitaker

6. DATE OF BIRTH (month, day, year) Oct 12 50

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Hanson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Workman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorsey H. Whitaker

(Address) 947 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date July 1932

19. UNDERTAKER Philip Herring

(Address) 2016 Orleans St

JUN 30 1932

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21 1932 to June 28 1932

that I last saw alive on June 28 1932 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1 mo.
Heart Failure	
Other contributory causes of importanre:	
a cute Cardiac Dilatation	1.

Name of operation. None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred Rigdy M. D.

(Address) 947 N. Washington St

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1948-9

E 80985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 80986

1. PLACE OF DEATH — Baltimore City Hospitals — 2-A 82-001 — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME — Rose Wayson

(a) Residence: No. 231 S. Broadway (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Joseph Wayson

6. DATE OF BIRTH (month, day, year) — Oct. 14, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — ? Switzerland

FATHER

13. NAME — ? Bauert

14. BIRTHPLACE (city or town) (State or country) — ? Switzerland

MOTHER

15. MAIDEN NAME — Rose ?

16. BIRTHPLACE (city or town) (State or country) — ? Switzerland

17. INFORMANT (Address) — Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date July 1 1932

19. UNDERTAKER — Henry Sander & Sons, Inc. Per F. Lauter

(Address) Baltimore & Broadway

20. FILED JUN 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — June 29, 1932

22. I HEREBY CERTIFY. That I attended deceased from June 24, 1932 to June 29, 1932

I last saw her alive on June 29, 1932 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	June 21, 32
Hypertension	
Arteriosclerosis	Sleak

Other contributory causes of importance: -

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Arnold Jr. M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 80987 HEALTH DEPARTMENT—CITY OF BALTIMORE

96 vE 80987

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-14 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ray Stafford

(a) Residence: No. 728 Arequith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stafford

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Frank Stafford

14. BIRTHPLACE (city or town) (State or country) Concord N.C

MOTHER

15. MAIDEN NAME Bissella Ford

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Mary Stafford
(Address) 728 Arequith St

18. BURIAL, CREMATION, OR REMOVAL.
Place High Point N.C Date 6-30th 1932

19. UNDERTAKER Byron Thomas Wright
(Address) ...

JUN 30 1932

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932, to June 27, 1932

I last saw him alive on June 27, 1932 death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Ruptured Aneurysm (Femoral)	6/26/32

Other contributory causes of importance:

Pneumonia Lobular Acute	Jun 27

Name of operation Ligation of Ext Iliac Date of operation 6/13/32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Balfour Lyons, M. D.
(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Berlin

E 80988 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 80988

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Whitelock St., 13-59 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edel Berlin

(a) Residence: No. 814 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie

6. DATE OF BIRTH (month, day, year): 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Jacob Berlin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Jennie Labowitz

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Ben Berlin

(Address) 814 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Rest Date: 6/30 19 32

19. UNDERTAKER: Sol Kleinert & Bro

(Address) 421 E. Baltimore St.

20. FILED JUN 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from April - 15 - 1932 to June - 29th 1932

I last saw him alive on June - 29 - 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/15/32

Other contributory causes of importance: none

Name of operation: none Date of: —

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Siedel M. D.

(Address) 2404 Eutaw Pl

Director

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80989

E 30989

2-30 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 S.Charles St. ST., 23-34 WARD)

2-FULL NAME John Koch.

(a) RESIDENCE NO. 1609 S.Charles St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. --1--mo.--0-- ds. How long in U. S., if of foreign birth? 60 yrs. ------mo.--- ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If [illegible] Widowed, HUSBAND of Christina B.Koch.

6 DATE OF BIRTH (month, day, and year) May 27, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	1	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Contractor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Koch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John Wm. Koch. (son)
(Address) 1609 S.Charles St.

15 Filed JUN 30 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

6/28/32, 19 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: June 30 1932

20 UNDERTAKER: B. Schloman & Son

ADDRESS, 1039 Hanover St

Director

M. D. B. 1268-9

E 80990

E 80990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1357 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Landon

(a) Residence: No. 40 & 2 Falls St., Ward. Md-

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/21/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5-4/5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Clarence Fundas

14. BIRTHPLACE (city or town) (State or country) Md-

MOTHER

15. MAIDEN NAME Martha Bolden

16. BIRTHPLACE (city or town) (State or country) Md-

17. INFORMANT Friends-

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date June 30, 1932

19. UNDERTAKER Samuel J. Hendrix & Sons

(Address) 522 N. Bradford St

20. FILED JUN 30 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to June 29, 1932

I last saw her alive on June 29, 1932 Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	6-24-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. G. Goodwin M. D.

(Address) J. H. H.

N. B.—WRITE PLAINLY, with unfading ink. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E M. 80991

E 80991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 156-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 711 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina (Minnie) Scott

(a) Residence: No. 518 N. Curley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of William? Scott

6. DATE OF BIRTH (month, day, year) June 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 ?	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ? X Weber

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. July 1, 1932

19. UNDERTAKER H. M. Rentzen

(Address) 1230 E. Fayette Ave

20. FILED JUN 30 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to June 29, 1932

I last saw her alive on June 29, 1932. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis, acute infective	One week
Septicemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos. Eberwein Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80992

E 80992

Co. [illegible] Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164 - 001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1535 W. Fayette St., 19-27 Ward)

2-FULL NAME Woodley Baker Curtis

(a) RESIDENCE NO. 1535 W. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6, 1910

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	21	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Glass Beveler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Capital Glass Co. Baltimore

9 BIRTHPLACE (city or town) .....
(State or country) Maryland

PARENTS

10 NAME OF FATHER Cornelius B. Curtis

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Effie Brown

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Effie B. Curtis
(Address) 1535 W. Fayette St

15 Filed JUN 6 1932 19.. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas from Cook Stove & Gas Water Heater. immediately

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Not

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.

6/29 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 2 1932
20 UNDERTAKER	ADDRESS
F Vernon Keckner	Hollins

Cor. 12-6-32—5M Co.—200 Bks.

E 80993

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E-80993

207

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: City of BALTIMORE: (No.) between Pennsylvania Railroad Track Calverton Rd & Franklintown Rd (Ward) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Kuhn

(a) RESIDENCE NO. 1138 W. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Kuhn

6 DATE OF BIRTH (month, day, and year): May 6, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): City Paving Dept.

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: George Kuhn

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Ida Kratz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs. Marie Kuhn

(Address) 1138 W. Pratt St.

15 Filed ..... 19 ..... Assistant

JUL 5 1932

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by Railway train Accidental

(duration) ..... yrs. ..... mos. ..... ds.

Multiple fractures of immediately

CONTRIBUTORY (Secondary) body

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Guy H. Cromwell M. D.

(Coroner)

6/29 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter's Cemetery

Date of Burial: July 1 1932

20 UNDERTAKER: Joseph H. Cook

ADDRESS: 1003 West Baltimore St.

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 80994

E 80994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 v

1. PLACE OF DEATH

Registered No. 28-65

CITY OF BALTIMORE: (No. 2428 N. Forest Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Joseph Moran

(a) Residence: No. 2428 N. Forest Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Emma Moran

6. DATE OF BIRTH (month, day, year) May 12, 1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile, Glascar Mills

10. Date deceased last worked at this occupation (month and year) October 1931

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) Hillsdale
(State or country) Maryland

FATHER

13. NAME William Moran

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hogan

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mr. Clarence J. Moran
(Address) 2428 N. Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Family Church Cemetery Date June 2, 1932

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED JUN 30 1932 Huntington Williams, M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to June 29, 1932
I last saw him alive on June 29, 1932 death is said to have occurred on the date stated above, at 2.52 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Trouble	1931
Other contributory causes of importance: Carcinoma of Colon	1931

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Y. Eckhart M. D.
(Address) 4100 Windsor Mill Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any new information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 80995 — L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80995

82-00

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No. 229 N. Milton Ave ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Hartwig

(a) RESIDENCE NO. 229 N. Milton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

.a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year): Sept. 13-1863

7 AGE — Years: 69 — Months: — — Days: 16 — If LESS than 1 day, hrs. or min.: .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Yale Mfg. Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Jacob Hartwig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Strohl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Minnie Hartwig

(Address): 229 N. Milton Ave

15 Filed ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29-1932

17 I HEREBY CERTIFY, That I attended deceased from June 14th, 1932, to June 29th, 1932

that I last saw h alive on June 29th, 1932

and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Tankin, M. D.

19 (Address) 119 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 2 1932

20 UNDERTAKER: Conkes & Jones Inc — ADDRESS: 4124 Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

80996 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80996

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. ..... (Ward) 19-26

Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Antonino Fabrizi (Anton Fabrizi)

(a) Residence: No. 414 S. Parrish St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Fabrizi

6. DATE OF BIRTH (month, day, year) Dec. 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Austria

FATHER

13. NAME Anton Fabrizi

14. BIRTHPLACE (city or town) ..... (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna Delorenzi

16. BIRTHPLACE (city or town) ..... (State or country) Hungary

17. INFORMANT Mrs Anna Fabrizi

(Address) 414 S. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mar Cathedral Date July 1, 1932

19. UNDERTAKER Harry A. Tuthill

(Address) 4101 Edmondson ave.

20. FILED JUN 30 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6-32, 19..., to 6-29, 19 32

I last saw h/m alive on 6-29-32. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma gland neck & generalized metastasis	Dec 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert Reuver, M. D.

(Address) St. Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-30—A. & Co.—250 Blks

E 80997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80997

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Church Home and Infirmary ST. 35 WARD)

2-FULL NAME MRS MINNIE MATON

(a) RESIDENCE NO. 1341 COOKSIE ST ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	MARRIED

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of MR. JOHN S. MATON

6 DATE OF BIRTH (month, day, and year) May 19 90

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Selvester Raisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Kaminsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia

14 Informant (Address) John Maton 1940 Rawson St

15 JUN 30 1932 19 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1932.

17

I HEREBY CERTIFY, That I attended deceased from June 1 , 1932 , to June 30 , 1932

that I last saw h alive on June 30 , 1932

and that death occurred, on the date stated above, at 1.55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas with biliary obstruction

(duration) yrs. 7 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of June 13, 1932

Was there an autopsy? No

What test confirmed diagnosis? History - Physical - Operation

(Signed) J. Frank Hewit M. D.

6/30 1932 (Address) The Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL July 4 1932

UNDERTAKER Thurs. L. Spann

ADDRESS 158 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 80998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 80998

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 W Franklin St. 18-12 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Degnan

(a) Residence: No. 1012 W. Franklin Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. ~~If married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas Degnan

6. DATE OF BIRTH (month, day, year) May 15-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bernard Degnan

(Address) 1012 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 7/2 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams Registrar.

JUN 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1932 to 6/29/32 1932

I last saw h... alive on 6/29/32 Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Apoplexy	6/29/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bernard J. Degnan M. D.

(Address) 710 W Lexington

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entries must be complete in every detail. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 80999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80999

CERTIFICATE OF DEATH.

V 46

9-45

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 Harford Road ST. ..... WARD)

2. FULL NAME Frederick M. Knorr

(a) RESIDENCE NO. 2932 Harford Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

5a If ~~married, widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Emelie E. Knorr

6 DATE OF BIRTH (month, day, and year) Jan 17 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 years	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fred Business 045

(b) General nature of Industry, business, or establishment in which employed (or employer) Fred Business

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm E Knorr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Helen Bandel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Emelie E Knorr 2932 Harford Road

15 JUN 30 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/32

17 I HEREBY CERTIFY, That I attended deceased from 3/10/32, 19 ... to 6/29/32, 19 ... that I last saw him alive on 6/25/32, 19 ... and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Pancreas

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Gastric Carcinosis

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/13/32

Was there an autopsy? No.

What test confirmed diagnosis? Digital!

(Signed) Arthur Hebb Jr. M. D.

, 19 (Address) 211 Keyser Tower

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL July 1 1932

20 UNDERTAKER George A Schilling

ADDRESS 1124 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Missing
#81005

M. D. B. 1268-9

E 81001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81001

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Argyle Ave St. 17-23 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Roley

(a) Residence: No. 1230 Argyle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Roley

6. DATE OF BIRTH (month, day, year) 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksville Va

FATHER

13. NAME Charles Moore

14. BIRTHPLACE (city or town) (State or country) Clarksville Va

MOTHER

15. MAIDEN NAME Martha Neal

16. BIRTHPLACE (city or town) (State or country) Clarksville Va

17. INFORMANT Emma Thomas

(Address) 1230 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/1 1932

19. UNDERTAKER Samuel Weckesser

(Address) 525 N Eden St

20. FILED ... Huntington Williams Jr. Registrar.

UN 301932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/28/32, 19 ... to June 28, 1932

I last saw her alive on June 25, 1932 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6/28/32

Other contributory causes of importance: Arteriosclerosis. Chronic

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) H. A. Crabtree M. D.

(Address) 924 Wadsworth Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81002

CERTIFICATE OF DEATH.

E 81002

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2032 N Fulton ave (St.) 93-21 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Goldsmith

(a) RESIDENCE. No. 2032 N. Fulton ave St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lina Goldsmith

6 DATE OF BIRTH (month, day, and year) Sept 8 - 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	60	9	26	

8 OCCUPATION OF DECEASED Clerk

(a) Trade, profession or particular kind of work do

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer L. Grief & Bro

9 BIRTHPLACE (city or town) Conn

(State or country)

PARENTS

10 NAME OF FATHER Nathan Goldsmith

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER dont Know

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Lina Goldsmith

(Address) 2032 N Fulton ave

15 Filed JUN 30 1932 Huntington Williams, Registrar

U. S. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-30-, 1920, to 6/29/, 1932,

that I last saw h[illegible] alive on 6/29/, 1931,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

- Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) W. J. Bryant, M. D.

6/29, 1932 (Address) 1928 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon

DATE OF BURIAL July 1932

20 UNDERTAKER J. Armiger & Co

ADDRESS 2432 Pennsylvania Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 81003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81003

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 12-44 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 5 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Harry Frederick Farrell

(a) Residence: No. Bel Air, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 7-1913

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
18 11	10	23 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry E. Farrell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Senora Lantz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry Gould

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bel Air Date July 2, 1932

19. UNDERTAKER Dean & Scott

(Address) Bel Air Md

20. FILED JUL 2 1932 Huntington Williams, M.D. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to June 30, 1932

I last saw him alive on June 30, 1932. Death is said to have occurred on the date stated above, at 6.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6/23/32
Other contributory causes of importance:	
Septicemia	6/26/32
Arthritis, infection, elbow, rt.	6/27/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R France, M. D.

(Address) Union Mem. Hosp.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNDERTAKER'S COPY

AaCo. 5-31 2508

E 81004

E 81004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Holbrook St., 9-18 Ward)

Length of residence in city or town where death occurred ....yrs.....mos. 29 ds. How long in U.S. If of foreign birth? ....yrs ....mos.....ds.

2. FULL NAME George B. Zimmerman

(a) Residence: No. 1638 Holbrook St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Raymond H. Zimmerman
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Bessie L. Waltz
16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Raymond H. Zimmerman
(Address) 1638 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 1 1932

19. UNDERTAKER John F. Durkut
(Address) 715 Light St.

20. FILED JUL 1 1932 Huntington Williams M.D. Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to June 29, 1932
I last saw him alive on June 27 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	June 25

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Ed F. Zimmerman M. D.
6/30/32 (Address) 1655 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E.D. 81005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81005

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St. 1-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Diehl

(a) Residence: No. 435 S George St., Ward. York, Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? ?

6. DATE OF BIRTH (month, day, year) Nov 23/1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	67	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy manufact

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Adam Diehl

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna Tyson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Paul F. Schmuckle

(Address) York Pa.

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill Pa Date 7/2 1932

19. UNDERTAKER Jos Cook

(Address) 1217 SE Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to June 30, 1932

I last saw him alive on June 30, 1932 Death is said to have occurred on the date stated above, at 11.41 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	

Other contributory causes of importance:

Prostatic Hypertrophy

Name of operation Prostatic Resection Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... A. Reginald Coleman M. D.

(Address) 601 Med. Arts Bldg

information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 81006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81006

159

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Gen. Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 18-29 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Donald White

(a) RESIDENCE NO. 926 N. Bradd ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/29/32

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 00

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER Wm N. White

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Reba Watson

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Hospital Records
(Address) .....

15 Filed ..... Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1932

17 I HEREBY CERTIFY, That I attended deceased from 6/29, 1932, to 6-30, 1932, that I last saw h[illegible] alive on 6-29, 1932, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [signature] , M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	July 1st 19 32
20 UNDERTAKER	ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E. D. G. 81007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81007

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Nancy Rose Smith

(a) Residence: No. 1220 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8/1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Haywood Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lizzie Brower

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Lizzie Brower Smith
(Address) 1220 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetry Date July 2 . 1932

19. UNDERTAKER Edw Bryan
(Address) 1631 orleans st.

20. FILED JUL 1 1932 . 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Probably Broncho)	8 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos Haven Coroner, M. D.
(Address) 508 E Fronta

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

A&Co. 5-31 250B

E 81008 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81008

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ravitz

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Irvin Ravitz
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jean Brees
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irvin Ravitz
(Address) 2219 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Herbert M. Cem Date 7/1/32 19...

19. UNDERTAKER S. Levinson Bro
(Address) 1121 E Baltimore St

Huntington Williams, Jr.
Registrar

20. FILED 7-1-1932
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1932 to June 30, 1932

I last saw him alive on June 30, 1932 death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	6/29/32

Other contributory causes of importance: ...

Name of operation 0 Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ...

(Signed) Albert Robert Cohen, M. D.
(Address) Sinai Hospital

Information should be carefully supplied. Any information that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81009

E 81008 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-21 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 72 yrs. ..... mos. ..... ds.

2. FULL NAME Harris Goldstein

(a) Residence: No. 2100 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor, &c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Libby

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mary Goldstein wife

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Cemetery Date 7-1-32 19

19. UNDERTAKER Jack Penn Inc.
(Address) 1432 E. Fayette St. Baltimore, Md.

20. FILED 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/25, 1932, to 7/1, 1932

I last saw him alive on 6/30/32, 1932 Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, chronic myocarditis, Cardiac Insufficiency	3 years 6/14/32

Other contributory causes of importance:

Bronchopneumonia (type?)	6/26/32

Name of operation ..... Date of .....

What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M. B. Kirsh, M. D.

(Address) Sinai Hospital.

Information asked for in regard to cause of death is necessary for statistical purposes. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 81010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81010

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Sterling St Sq. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estella Simms

(a) Residence: No. 927 Sterling St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	6 —	11 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Servant 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lloyd Mooney
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (city or town) (State or country) Balto md,

17. INFORMANT Mollie Clyppell (Aunt)
(Address) 816 Sterling st.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Date July 2 1932

19. UNDERTAKER Eda Snowden
(Address) 1720 Emadison St Huntingtown Williams, N.Y.

20. FILED JUL 1 1932 Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to June 24, 1932

I last saw h[illegible] alive on June 27 1932 death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Jan 1932
Other contributory causes of importance: Parenchymatous Nephritis	Jan 1932
Generalized Anasarca	
Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R J Young, M. D.

(Address) 1424 E Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Co. 5-11 2508

E 81011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81011

160-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. E-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Schofield

(a) Residence: No. Sinai Hospital St., 2420 E Chase st. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	7 h	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Schofield

14. BIRTHPLACE (city or town) Aberdien
(State or country) Maryland

MOTHER

15. MAIDEN NAME Bernice Cullum

16. BIRTHPLACE (city or town) Laurel
(State or country) Maryland

17. INFORMANT George Schofield
(Address) 1420 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem. Date July 1 1932.
Churchville

19. UNDERTAKER Geo. J. Ruth Inc
(Address) 1321 N. Eutaw

20. FILED JUL 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932 to June 29, 1932

I last saw him alive on June 29, 1932 death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetracranial Hemorrhage	6/23/32
Other contributory causes of importance:	

Name of operation 0 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ..., 19...

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Doctor Robert Cohen, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 81012 B—50L

E 81012

HEALTH DEPARTMENT—CITY OF BALTIMORE

30

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 70-69 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie G. Talbott

(a) RESIDENCE NO. 2630 Lehman ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 22 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk at 609
(b) General nature of industry, business, or establishment in which employed (or employer) Gwynn Falls Pool
(c) Name of employer City

9 BIRTHPLACE (city or town) Kentucky
(State or country)

PARENTS

10 NAME OF FATHER James M. Swink

11 BIRTHPLACE OF FATHER (city or town) Kentucky
(State or country)

12 MAIDEN NAME OF MOTHER Dora Muse

13 BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or country)

14 Informant Mrs. Dora Wilson

(Address) 164 Nunnery Lane

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Chronic Valvular Heart Disease

(duration) 5 yrs. about mos. ds.

CONTRIBUTORY (Secondary) Pyelitis — possibly tubercular (duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & gross

(Signed) Guy N. Bromwell M. D. Coroner

6/30 19 32 Address 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 2 1932

20 UNDERTAKER George A Farley

ADDRESS Fulton and Fayette Ave

TION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 81013 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81013

115-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital S. 2-st Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Forest Via

(a) Residence: No. 712 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/23/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Forest Via

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Wolfe

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Forest Via

(Address) 712 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date July 4, 1932

19. UNDERTAKER George A. Hartley

(Address) Fallston and Hydes Md.

20. FILED JUL 1 1932 at Huntingtown Williams, N.D.

Registrar (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30/32 19

22. I HEREBY CERTIFY, That I attended deceased from 6/29/32, 19, to 6/30/32, 19

I last saw him alive on 6/30/32 19 death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic Rhinitis, Pharyngitis and Laryngitis	6/23/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. V. Jackson, M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

81014-0

E 81014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 27-42 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John G. Ross

(a) Residence: No. 6124 Ercildoun Ave, Pittsburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29 28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME Edward Ross

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Emma Rosso

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date July 5 1932

19. UNDERTAKER George A Starkey

(Address) Phillips Creek Pa Elk

20. FILED JUL 1 1932 Huntington Mills Pa.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to June 30 1932

I last saw him alive on June 30 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	10 Min
Other contributory causes of importance:	0

Name of operation Tonsillectomy Date of 6/30

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno Bryce M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 81015

E 81015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Eutaw Place St.) (14-20 WARD)

2-FULL NAME Bertha Lindenstrath Dull

(a) RESIDENCE NO. 2007 Eutaw Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. William H Dull

6 DATE OF BIRTH (month, day, and year) March 5 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER August. Wm Lindenstrath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Hubbel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. Wm. H. Dull (Address) 2007 Eutaw Place

15 Filed ....., 19 ..... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1932

17 I HEREBY CERTIFY, That I attended deceased from April, 1932, to June 29, 1932, that I last saw her alive on June 29, 1932, and that death occurred, on the date stated above, at 8-45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hemiplegia

(Signed) Harry Adler, M. D.

, 19 (Address) 1918 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 2 1932
20 UNDERTAKER	ADDRESS
Josiah Syfer	Look Haven Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

81016

HEALTH DEPARTMENT—CITY OF BALTIMORE

81016

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 E. Eager St. 10-14 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Lehner

(a) Residence: No. 1306 E. Eager St., Ward. 10

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Caroline Lehner

6. DATE OF BIRTH (month, day, year) June 24 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer 53

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jacob Lehner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Caroline Lehner

(Address) 1306 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy. Date July 2 1932

19. UNDERTAKER Henry Storck Sons, Inc

(Address) 1304 E Eager St Baltimore, Md

20. FILED JUL 1 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16 1932 to June 29 1932

I last saw h. alive on June 29 1932. Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Sclerosis	
Other contributory causes of importance:	
Nephritis	4 mo.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

INFORMATION should be carefully supplied. All items should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 81017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81017

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 N. Collington Ave Ward) 16

Length of residence in city or town where death occurred 65 yrs. 10 mos. 29 dys. How long in U. S. If of foreign birth? ...yrs. ...mos. ...dys.

2. FULL NAME Alexander McCullough

(a) Residence: No. 1409 N. Collington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) the late Cecilia McCullough

6. DATE OF BIRTH (month, day, year) Aug. 1 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 216

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

13. NAME William McCullough

FATHER

14. BIRTHPLACE (city or town) (State or country) Charlestown S.C.

15. MAIDEN NAME Katherine Barry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mr. William J. McCullough 1409 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date July 2nd 1932

19. UNDERTAKER Henry Hoen & Sons, Inc. (Address) 1301 E. Eager St

20. FILED July 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to June 30 1932

I last saw him alive on June 30 1932 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac exhaustion — Date of onset June 30

Other contributory causes of importance: Cerebral hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Sanderson M. D.

(Address) 1714 N. Caroline St.

INSTRUCTIONS: Information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81018 HEALTH DEPARTMENT—CITY OF BALTIMORE 81018

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 N Washington St. 7-9 Ward) 80

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anna Spaller Ritz

(a) Residence: No. 541 N Washington st St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Ritz

6. DATE OF BIRTH (month, day, year) 2/14/ 1852

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
80	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Theodore Spaller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charoletta Zimmisch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Edgar Pohlman 541 N Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date July 1. 1932

19. UNDERTAKER John Ulrich
(Address) Cook Ave & Harford Rds.

20. FILED JUL 1 - 1932 Huntington Pittsville, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1930 to June 29 1932

I last saw her alive on June 29 1932. Death is said to have occurred on the date stated above, at 12.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Aug 1930
Other contributory causes of importance: Osteoarthritis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John D. Peck M. D.

(Address) 9 E. Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

✓ E 81019

E 81019 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

131

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 618 (Street) Annabel Ave (Ward) 25-75

2 FULL NAME Emeline P. Arnold.

(a) RESIDENCE No. 618 (Usual place of abode) Annabel Ave ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Arnold

6 DATE OF BIRTH (month, day, and year): Oct. 4-1865

7 AGE: Years 66 | Months 8 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): a.a.co. Md.

PARENTS

10 NAME OF FATHER: Hamilton Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Benjamin F. Arnold (Address) 614 Catalpa Ave.

15 Filed July 1 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30, 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1929 to June 30, 1932

that I last saw her alive on June 29, 1932

and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis, aortic regurgitation of the heart, chronic interstitial nephritis

(duration) 2 yrs. 8 mos. 27 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? p.f.

(Signed) Harry Heibel M. D.

19 (Address) 1224-1226 Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Paton Hill Cemetery DATE OF BURIAL July 4 1932

UNDERTAKER: George L. Schwartz & Co. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 81020 ✓ E 81020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Hilleary & Caton) St. (or Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Margaret Curtis

(a) Residence: No. 878½ W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker Calvert Hall College

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 069

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Callaire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Richard Curtis
(Address) 2102 Elsmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7-2 32

19. UNDERTAKER H. E. Breming Son
(Address) 1136 Poplar Grove St

20. FILED JUL 1 1932 [illegible] Registrar.

information should be carefully supplied. AGE should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to June 30, 1932

I last saw h[illegible] alive on June 30, 1932 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Rt	6/24/32

Other contributory causes of importance:
Chr. Glomerular Nephritis
Gen. Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.

(Address) St. Agnes Hospital

AdCo. 5-31 250M

E 81021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81021

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S. Newkirk St. St., 26 Ward) 26-37

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie F. Connelly

(a) Residence: No. 414 S. Newkirk St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Connelly

6. DATE OF BIRTH (month, day, year) Aug. 27 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	63	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clarence Belsner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Piefer.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Harry Forsythe
(Address) 414 S. Newkirk. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 4, 1932

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 443 S. Wolfe St.

JUL 1 - 1932

Date Filed ..., 19... Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to June 30, 1932
I last saw h[er] alive on June 30 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Carcinoma of G. I.~~ Tract.	June 6,
Bowels - Enormous	

Other contributory causes of importance: Acute Cardiac Dilatation

Name of operation None Date of —

What test confirmed diagnosis Clinical as there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sigd. Fellman, M. D.

(Address) 1304 E. Chase

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 81022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81022

CERTIFICATE OF DEATH

92-001

Registered No. 56-1

1. PLACE OF DEATH 3309 O'Donnell St.

CITY OF BALTIMORE: (No. Carrie F. St. Unknown Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? Unknown ds.

2. FULL NAME William D. Brown

(a) Residence: No. 3309 O'Donnell St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Brown

6. DATE OF BIRTH (month, day, year) June 14 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	73	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Zeller (daughter)
(Address) 436 S. Bonsal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date July 2 32

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Bradford St.

20. FILED ..... 32 ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28 1932 to June 30 1932

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7:14 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Feb 1930

Other contributory causes of importance:

Chronic Endocarditis & Left Leg Gangrene Infected Bedsore After	May 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Zeiler M. D.

(Address) 211 S. Paca St.

Spec.—2-20-28—L. F. S.—500 Blks.

81023

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-093

E 81023

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 306 N. Arlington ST. Ward 26 WARD)

2—FULL NAME Jesse Bennett.

(a) RESIDENCE NO. 306 N. Arlington ST., ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Bennett.

6 DATE OF BIRTH (month, day, and year): Dec. 12 1889

7 AGE: Years 42. Months 6 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer): Peddling Vegetables

(c) Name of employer: by Self

9 BIRTHPLACE (city or town) (State or country): Denton Maryland

PARENTS

10 NAME OF FATHER: James Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellicott City Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Denton Maryland

14 Informant: Mrs Martha Bolden.

(Address) 324 N. Arlington Ave

Filed JUL 1 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/30/32

17 I HEREBY CERTIFY, That I attended deceased from May 30 1932, to June 30 1932, that I last saw him alive on 6/30/32. 1932 and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hemi Plegia or Bulbar Paralysis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and

(Signed) J. J. T. Dunn M. D.

, 19 (Address) 322 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: July 2, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Director

important. See instructions on back of certificates.

M. D. B. 1268-9

E 81024

81024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Elliott

(a) Residence: No. 254 N. Arlington ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Elliott

6. DATE OF BIRTH (month, day, year) Aug. 26, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Harvey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Holland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hope, Calvert Co Md Date July 3, 1932

19. UNDERTAKER Mrs. Edie R. Williams
(Address) ~~322 N. Schroeder St.~~ Huntingtown Md

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1931 to June 29, 1932
I last saw her alive on June 29, 1932 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	
Tuberculous enteritis	8 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence H. Sears M. D.
(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Duckett

E 81025 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 81025

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W. Lee St. St. 32 30 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Duckett

(a) Residence. No. 103 W. Lee St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Mary L. Fischer

6. DATE OF BIRTH (month, day, year) June 2 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Duckett

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Duckett
(Address) 103 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date July 2 19 32

19. UNDERTAKER J. Frew McCarthy
(Address) 1326 Fort Ave.

20. FILED JUL 1 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th, 1932

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Jan. 17th, 1932 to June 30th, 1932

I last saw him alive on June 29th, 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum and bowels	about 1 year ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emory Neal M.D.
(Address) 2241/2 Hanover St

Blanks

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81026

E 81026

CERTIFICATE OF DEATH.

82-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Plaza Apartments; Park Ave & Mulberry ST., 20 WARD)

2-FULL NAME May Hamilton

(a) RESIDENCE NO. Plaza Apartments; Park Ave & Fulton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 77 yrs. 1 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 29 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	77	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fulton, Oswego Co. New York

PARENTS

10 NAME OF FATHER Peter Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Helen McKie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs Jean H. Graham Plaza Apts. Park Ave & Fulton St.

15 Filed JUL 1 - 1932, 19 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~July 1 1932~~ 7/1/32

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to July 1, 1932.

that I last saw her alive on July 1, 1932

and that death occurred, on the date stated above, at 5 40 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, general and cerebral

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia, left (cerebral thrombosis) (duration) 1 yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon K. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cemetery DATE OF BURIAL July 2 1932

20 UNDERTAKER Stewart Memorial Parlors ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

81027 HEALTH DEPARTMENT—CITY OF BALTIMORE 81027

261745

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis V. Feldman

(a) Residence: No. 525 Grayton Pkwy St., ... Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38 39	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C

FATHER

13. NAME Jacob Feldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Murrick

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Cem Date 7/1 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED JUL 1 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to July 1 1932

I last saw h[illegible] alive on July 1 1932 Death is said to have occurred on the date stated above, at 1 33 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Kidney	1931
Generalized Carcinomatosis	1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81028

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 25-15-23 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME James Cavanaugh

(a) Residence: No. 915 Patapsco ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Cavanaugh

6. DATE OF BIRTH (month, day, year) June 8, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Martinsburg
(State or country) West Virginia

FATHER

13. NAME Morris Cavanaugh

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 2, 32

19. UNDERTAKER John J. Tynan
(Address) 3000 E. Baltimore St.

20. FILED ..... Huntington Williams M.D.
Registrar.
Director

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932 to June 29, 1932

I last saw him alive on June 29, 1932 Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5 yrs.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) Baltimore City Hospitals

E 81029

E 81029 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5005 Anthony ~~St.~~ Ave WARD) 26-41

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanette Louise Glover

(a) RESIDENCE NO. 5005 Anthony Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm Glover

6 DATE OF BIRTH (month, day, and year) Aug. 3. 1902.

7 AGE: Years 29 Months 10 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER August Kuetz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: Wm Glover

(Address): 5005 Anthony Ave

15 Filed [illegible] 1932 Huntington Indiana N.P. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to June 30, 1932.

that I last saw her alive on June 30, 1932

and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs;

(Signed) Arthur C Manninger M. D.

7/1, 1932 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem DATE OF BURIAL 7/4/32

20 UNDERTAKER: Mary A Hawthorn ADDRESS 2439 Kayan Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Barrett) M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81030 — E 81030

CERTIFICATE OF DEATH.

210-002

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 St. 4 Ward)

2-FULL NAME Thomas J Barrett

(a) RESIDENCE NO. ____ Timonium md Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 4 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah K Barrett

6 DATE OF BIRTH (month, day, and year): May 26 - 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crossing Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: Pennsylvania

9 BIRTHPLACE (city or town) _____ (State or country) maryland

PARENTS

10 NAME OF FATHER: Wm. Barrett

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) maryland

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) maryland

14 Informant: Mrs J. J. Barrett (Address) Timonium, md

15 Filed 1932 Huntington Williams, M.D. Registrar U. C. M. Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lacerated mesentery Small intestine 6/28/32

Surgical Shock (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (secondary) Struck by automobile 6/28/32

York Rd at Timonium (duration) ....yrs. ....mos. ....ds.

(Signed) Joseph Pokorny Jr M. D. (Coroner)

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dolfield Cemetery Date of Burial July 3 1932

20 UNDERTAKER: W C Brooks & Son ADDRESS Sparks Md

very important. See instructions on back of certificate.

1

M. D. B. 1268-9

81031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81031

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 93-003

CITY OF BALTIMORE: (No. Baltimore md St. 76-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Baer

(a) Residence: No. 1 J None St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mina Baer

6. DATE OF BIRTH (month, day, year) Mar 26, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Theo Baer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Ott

16. BIRTHPLACE (city or town) (State or country) Germany Balto

17. INFORMANT Records City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date July 4, 1932

19. UNDERTAKER C. Howard Evans

(Address) 38 E. Fat. Ave. Huntington Milliner MD

20. FILED 7-1-1932 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1931 to 6-30, 1932

I last saw him alive on 6-30, 1932 Death is said to have occurred on the date stated above, at 11:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	6-30

Other contributory causes of importance:

acute myocardial insufficiency	3 months

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7-1-32 (Signed) Elmer Hightberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-0

E 81032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 81032

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 5-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Dillihay

(a) Residence: No. 1551 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Williamsport Pa.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 1 . 193

19. UNDERTAKER

(Address)

20. FILED 7-1-1932 Huntington Williams, M.D. Registrar. H. P. B. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-19-32. 19 . to 6-26-32. 19

I last saw her alive on 6-26-32 19 . Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Vulva	
Other contributory causes of importance: Bronchopneumonia	6-18-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. W. Wyatt Jr. M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18 L 1

Spec.—1-12 23—M&T—500 Bks.

E 81033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81033

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1739 E.Oliver St. (ST.) (WARD) 8-17

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise M.Terry

(a) RESIDENCE No. 1739 E.Oliver ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Robert W.Terry

6 DATE OF BIRTH (month, day, and year) Dec.15 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank L.Ellermann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Sunderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank L.Ellermann

(Address) 1739 E.Oliver St.

15 Filed 1-1932, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1932

17

I HEREBY CERTIFY, That I attended deceased from April 19, 1932, to July 1, 1932,

that I last saw h[illegible] alive on June 30, 1932,

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ascending Colon

(duration) — yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) — yrs. — mos. one ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 1/15/32

Was there an autopsy? No.

What test confirmed diagnosis? confirmed at Operation

(Signed) Dallas F. Bliellman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL July 5 1932

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2508

E 81034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81034

CERTIFICATE OF DEATH

82-001

Registered No. 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N Smallwood St., ... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee T. Sing

(a) Residence: No. 13 N Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C Sing

6. DATE OF BIRTH (month, day, year) Oct 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco Cal

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Mrs Maria C Sing
(Address) 13 N Smallwood at

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date July 2 1932

19. UNDERTAKER John F Penny
(Address) 715 Light St

20. FILED 1932 Registrar

L 1-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/23-, 1932, to 6/28, 1932

I last saw him alive on 6/28, 1932 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 days
Arteriosclerosis —	1932?
Other contributory causes of importance:	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... No

7/1/32 (Signed) E Kelly Hennessy M. D.

(Address) 2000 Hollins Ave

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

E 81035 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Liberty Heights Ave) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Richard E. Slater

(a) Residence: No. 3906 Liberty Heights Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Rocke Slater

6. DATE OF BIRTH (month, day, year) Oct 8th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62.	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Slater

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Julia Howes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Margaret Slater
(Address) 3906 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/2 1932

19. UNDERTAKER John J. Cowan & Son
(Address) 901 W. Fayette St.

20. FILED 1-1932 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/9/32 19... to 6/30/32 19... I last saw him alive on 6/30/32 19... Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Larynx and neck	1/9/32

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Urban Brouel M. D.

(Address) 817 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 81036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81036

CERTIFICATE OF DEATH

126

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 27-43

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Frances

(a) RESIDENCE NO. 5606 Birchwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Yrs. Vahmore mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Dec. 12 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER James D. Robinson

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Bond

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Charles E. Frances

(Address) 5606 Birchwood Ave.

15 Filed 1 - 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30-32

17 I HEREBY CERTIFY, That I attended deceased from 6-20, 1932, to 6-30, 1932, that I last saw h[illegible] alive on 6-30, 1932 and that death occurred, on the date stated above, at 3:05 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Cholelithiasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis - Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-25 32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert W. Chenault, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	July 2 1932

20 UNDERTAKER Frederick Lessahon ADDRESS 2401 Eastern Ave

important. See instructions on back of certificates.

M. D. H. 1268-9

E 81037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81037

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Hundley

(a) Residence: No. Clintonville W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hundley

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hopkins Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Clinton Mills Date 7/1/32 19

19. UNDERTAKER Joseph Ahrens
(Address) 224 Seymour Huntington West Va.

20. Filed 7-1-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jun 30/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Diabetes-	?
Gangrene of foot	?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner M. D.

(Address) 5086 Wabash

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks

81038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81038

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1443 Homestead St 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank D. Green Sr.

(a) RESIDENCE NO 1443 Homestead ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a (If married, widowed, or divorced) HUSBAND of (or) WIFE of Susie E. Green

6 DATE OF BIRTH (month, day, and year) May 13, 1860,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Inspector

(c) Name of employer Gas & Elec. Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Magdalene Christ

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mrs. Charlotte M. Bell

(Address) 1443 Homestead St.

15 1-1932 16 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30/32

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1932, to June 30, 1932

that I last saw him alive on June 23, 1932

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual tests

(Signed) Wm J Pillsbury M. D.

6/30 1932 (Address) 3415 Cedarcroft Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery DATE OF BURIAL July 2, 1932,

20 UNDERTAKER Wm C. Black ADDRESS 1211 Broadway

CAUSE OF DEATH in plain terms. So that it may be properly classified. Last illness. Date of occurrence. TION is very important. See instructions on back of certificates.

11 Spec.—9 30—A. & Co.—250 Blks.

81039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81039

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH Home for Incurables

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 40 Le 2t & Resurrection Rd 13-52 WARD)

2-FULL NAME Mary Alice Grevell

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Thomas Grevell

6 DATE OF BIRTH (month, day, and year): 6-17-59

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto - Co - Md

PARENTS

10 NAME OF FATHER: Joseph Coburn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto - Co - Md

12 MAIDEN NAME OF MOTHER: Mary A Staines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co - Md

14 Informant (Address): Hospital Records 40th & Resurrection Rd.

15 Filed JUL 1 1932 19 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30 1932

17 I HEREBY CERTIFY, That I attended deceased from March 21 1931 to June 29 1932

that I last saw her alive on June 29 1931

and that death occurred, on the date stated above, at June 30 8 A.M. o'clock a. m.

The CAUSE OF DEATH* was as follows:

Chronic Infectious Arthritis

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) — yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

6/30 1932 (Signed) Wm J Mayo M. D.

(Address) Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 4th 1932

20 UNDERTAKER: Chas P. Crane & Son

ADDRESS 118 W Mt Royal Ave

L 1 - 1932

CAUSE OF DEATH to plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E 81040

81040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. 28-63 Ward) (If not known)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Charles S Buckingham

(a) Residence: No. 620 E Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Not Known

6. DATE OF BIRTH (month, day, year) Oct 2 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

FATHER

13. NAME Eli J Buckingham

14. BIRTHPLACE (city or town) (State or country) Westminster, Md

MOTHER

15. MAIDEN NAME Emmaline Nelson

16. BIRTHPLACE (city or town) (State or country) Westminster, Md

17. INFORMANT Daughter Miss Mabel Buckingham
(Address) 620 E Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Interment
Place Westminster Date July 3 1932

19. UNDERTAKER Leo J Cook
(Address) 1723 Patterson Park Ave.

20. Filed 1932 Hunters for Delaware, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30/32 19

22. I HEREBY CERTIFY, That I attended deceased from 6/19/32 19 ..... to 6/30/32 19 .....

I last saw him alive on 6/30/32 19 ..... Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	5
Post operative broncho-pneumonia, bilateral	4 da
Other contributory causes of importance: Obstructive jaundice	7 wk

Name of operation Cholecystgastrostomy Date of 6/21/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John S. Fowler M. D.

(Address) Union Mem. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81041 — E 81041

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 E Preston ST., 8-17 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa M. Riller

(a) RESIDENCE NO. 2305 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): May 1-1870

7 AGE — Years: 62 — Months: 1 — Days: 29. — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Richard J. Riller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Francis Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Peter Reiter Brother

(Address) 2305 E Preston

15 Filed: 7-1-1932 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30-32

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 30, 1932, that I last saw h[illegible] alive on June 30, 1932, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast-

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1927

Was there an autopsy? no

What test confirmed diagnosis? Pathological Exam

(Signed) Thos. E. Semmes, M. D.

7-1, 1932 (Address) 2818 Harford.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: July 4 1932

20 UNDERTAKER: Leo E Cook — ADDRESS: 1723 N Patterson Pk Ave

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 81042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81042

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. .... St., 7-9 (Ward)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Harold Turner

(a) Residence: No. 13 Blair Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) c/27/1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
33	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Nelson Turner

14. BIRTHPLACE (city or town) Md —
(State or country)

MOTHER

15. MAIDEN NAME Abi Williams

16. BIRTHPLACE (city or town) Md —
(State or country)

17. INFORMANT [illegible] Records —
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Clay St. Cem Date July 4, 1932

19. UNDERTAKER By Garrison & Jones
(Address) Attorneys-at-Law
Huntington Williams M.D.

20. Filed JUL 1 1932 Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 to July 1, 1932
I last saw h[illegible] alive on July 1, 1932 Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TUBERCULOUS MENINGITIS	JUNE 21 1932
Other contributory causes of importance:	
PULMONARY TUBERCULOSIS	NOV 1931

Name of operation .... Date of ....

What test confirmed diagnosis? SPINAL FLUID EXAM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19 ....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

L 1

1-30—M. & T.—100 B—50L

E 81043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81043

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5008 Norwood Avenue ST. 28-64 WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Givan

(a) RESIDENCE NO 5008 Norwood Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Givan

6 DATE OF BIRTH (month, day, and year) July 10, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Custodian

(b) General nature of industry, business, or establishment in which employed (or employer) Fifth Regiment Armory

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER James L. Givan

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Pancoast

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Mary B. Givan

(Address) 5008 Norwood Ave.

15 Filed 1-1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? Regular

What test confirmed diagnosis?

(Signed) F. C. Schuck, M. D. Coroner

6/30 1932 (Address) North Ave. & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL July 2 1932

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

1-30—M. & T.—100 B—50L

E 81044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81044

CERTIFICATE OF DEATH

163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (WARD) 5-52

2-FULL NAME Dr. David R. Millard

(a) RESIDENCE NO. 3927 Keswick Road ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40+5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Mrs. David Millard

6 DATE OF BIRTH (month, day, and year) April 21st 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Pharmacist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Julius Millard

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Vann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant J. S. Millard

(Address) 3927 Keswick Road

15 7-1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Acute Dilitation of Heart

(duration) ... yrs. about 2 mos ... ds.

CONTRIBUTORY (Secondary) Possibly morphine over-dosage contributed to death

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy H. Cromwell, M. D. Coroner

7/11, 1932 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 7 1932

20 UNDERTAKER: Wade & Israel — ADDRESS: 1 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81045 E 81045

CERTIFICATE OF DEATH

92-201

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Md Gen Hosp 20-70 St., (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Klinedinst

(a) Residence: No. 3418 Eaton Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Gloria

6. DATE OF BIRTH (month, day, year): Sept 18-1891

7. AGE: Years 40; Months 9; Days 13; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Card Writer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York Pa

FATHER

13. NAME: Chas L. Klinedinst

14. BIRTHPLACE (city or town) (State or country): York Pa

MOTHER

15. MAIDEN NAME: Elizabeth Markel

16. BIRTHPLACE (city or town) (State or country): York Pa

17. INFORMANT: Chas L. Klinedinst

(Address) 3418 Eaton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Wilson Date 7/4/32, 19

19. UNDERTAKER: F. S. Wuthmut

(Address) 300 Eutaw Place

20. FILED JUL 7 1932, 19 Hunting Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden — Date of onset

Other contributory causes of importance:

Name of operation Regulum Date of No

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Link Coroner M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 81046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 81046

1—PLACE OF DEATH

REGISTERED NO. 16-68

CITY OF BALTIMORE: (No. 1200 Oakhurst Place ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Lincoln Seeley

(a) RESIDENCE NO. 1200 Oakhurst Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mildred Frances Harvey

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) City Park

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Yonkers, Westchester
(State or country) N.Y.

PARENTS

10 NAME OF FATHER Rufus Anson Seeley

11 BIRTHPLACE OF FATHER (city or town) Stamford.
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Marie Antoinette Latham

13 BIRTHPLACE OF MOTHER (city or town) Hunn's Lake
(State or country) Dutchess Co. N. Y.

14 Informant Daughter

(Address) 1200 Oakhurst Place

15 Filed Huntington Williams City
Registrar of Vitals

L 1-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1932, to June 30, 1932, that I last saw h[illegible] alive on June 30, 1932 and that death occurred, on the date stated above, at 2:25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung (Rt)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? NO. Date of

Was there an autopsy? Partial.

What test confirmed diagnosis? X-ray.

(Signed) T. J. Geraghty, M. D.

19 (Address) Chadwick Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 7/7/1932

20 UNDERTAKER D. T. Kirkpatrick

ADDRESS 300 Eastern Place

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 81047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 81047

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1455 Reynolds ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas E. Kane

(a) RESIDENCE NO. 1455 Reynolds ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 27. 1922.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. J. Kane.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER J. Christina Cunning

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant J. Christina Kane Mother

(Address) 1455 Reynolds.

Filed 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29-32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932 to June 29, 1932, that I last saw h[illegible] alive on June 29, 1932 and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Reconsidered)

Chorea Parenchymatosa Nephritis

(duration) yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Knudsen

(Signed) Thos J. Simms, M. D.

6/30. 1932 (Address) 2515 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- Holy Cross Cem.

20 UNDERTAKER Margaret A. Flynn

DATE OF BURIAL July 2 1932

ADDRESS 1422 Light St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81048

CERTIFICATE OF DEATH

E 81048

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1700 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mabel Whittington

(a) Residence: No. 632 Perkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Deceased

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
21	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) October, 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Waters

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Chambers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pleasant View Gdns
Place Mt Auburn Date 7/2 1932

19. UNDERTAKER Samuel Heaney
(Address) 578 Madison St

20. FILED JUL 2 - 1932 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22. 1932 to June 28 1932

I last saw h[illegible] alive on June 28. 1932 Death is said to have occurred on the date stated above, at 10.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Oct. 1931
Tertiary Syphilis	1928

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was, Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Karl Greenwood, M. D.

(Address) Mercy Hospital

AN ACCURATE CERTIFICATE OF DEATH is plain truth, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250E

E 81049

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 81049

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3204 Belvedere Ave. 27-55 Ward 5)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie E. Fillson.

(a) Residence: No. 3204 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry H. Fillson.

6. DATE OF BIRTH (month, day, year) March 4, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Henry H. Fillson.
(Address) 3204 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date ....., 19 32

19. UNDERTAKER Chenoweth Bros.
(Address) 3615-17 Chelsea Ave.

20. FILED 2-1932 Huntington Williams N.P. Registrar.
R.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1932, to July 1, 1931
I last saw h[er] alive on June 30, 1932 death is said to have occurred on the date stated above, at 12 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	June 29 32

Other contributory causes of importance:

Senility	June 29 32

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles F. Wells M. D.
(Address) 3276 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81050

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hospital St. 27-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Allen

(a) Residence: No. 807 Leadenhall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col.	widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Moses Foster
(Address) 807 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 2, 1932

19. UNDERTAKER James A Watson
(Address) 142 Watson St

20. FILED ~~19~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 . 19 . to 19

I last saw h alive on May 19 Death is said to have occurred on the date stated above at 10:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/29/32
Intracranial hemorrhage	
Other contributory causes of importance:	
Fell out of moving taxicab.	6/29/32
subdural compression	6/29/32

Name of operation Date of

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/29, 1932

Where did injury occur? In front of 807 Leadenhall
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell out of moving taxicab

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Phoenix M. D.
Coroner

(Address) 2200 E Madison St

A&Co. 5-31 2508

B 81051

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81051

CERTIFICATE OF DEATH

157-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospt St., 9-44 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Pratt

(a) Residence: No. 3626 Matthews St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 1, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER
13. NAME George B. Pratt
14. BIRTHPLACE (city or town) Charlestown
(State or country) Mass.

MOTHER
15. MAIDEN NAME Mary E. Porter
16. BIRTHPLACE (city or town) St. Michaels Md.
(State or country)

17. INFORMANT George B. Pratt
(Address) 3626 Matthews st.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Michaels Md. Date July 2, 1932

19. UNDERTAKER Chas. H. Lee
(Address) 1122 N. Howard st.

20. FILED 7-2-1932, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 1, 1932
I last saw her alive on July 1, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Patent Foramen Ovale	

(Other contributory causes of importance:
Acute heart failure

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in Home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. T. Jones, M. D.
(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

2

E 81052 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131 E 81052

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N East ave St. No-11 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Angela Bochiardy

(a) Residence: No. 1415 N East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bochiardy

6. DATE OF BIRTH (month, day, year) Nov 9 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	1	22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME — Notary

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs F. Kelly
(Address) 1415 N. East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 4th 1932

19. UNDERTAKER Fred F. Flannery
(Address) 703 S. Eutaw St
Huntington Williams, M.D.

20. FILED 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1929, to July 1st, 1932

I last saw her alive on June 30th, 1932 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation and Chronic Nephritis	2 yrs ago
	2 yrs ago

Other contributory causes of importance:

Embolism	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Blacock M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 81053 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V 137 E 81053

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hospital 27-43 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 26 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Butler

(a) Residence: No. 30 N Mary Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Butler.

6. DATE OF BIRTH (month, day, year) Feb. 5, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linen Thread Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Stephen Butler.

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

17. INFORMANT Mr. Jesse Butler

(Address) 3014 Maryland Hamilton

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 4 1932

19. UNDERTAKER C. M. Pickup & Sons

(Address) Norfolk Va. Huntington Village, N.Y.

20. FILED 7-2-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to July 1, 1932

I last saw him alive on July 1, 1932 death is said to have occurred on the date stated above, at 5 35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. hypostatic pneumonia Post at C	
First stage Post atelectasis	

Other contributory causes of importance:

Uremia

Supra pubic cystotomy 6-21-32

Name of operation Hemiglobectomy 6-14-32 Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) L. F. Young, M. D.

(Address) St. Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81054

E 81054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 Grave 63

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Pier 5 Pratt St. ST., 4-6 WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	30	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed 2-1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found June 19, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What tests confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt Coroner, M. D.

6/28/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: July 2 19

20 UNDERTAKER — ADDRESS

IMPORTANT—See instructions on back of certificates. Each statement of OCCUPATION is very important and should be carefully considered.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81055

CERTIFICATE OF DEATH

E 81055

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 E Pratt St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Eikenberg Jr.

(a) Residence: No. 1629 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1927

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	4	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Fred A Eikenberg Sr
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Rosaline Wiesner
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Fred A Eikenberg
(Address) 1629 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Date July 4 1932

19. UNDERTAKER Chas Ahrens
(Address) 2001 E Lanvale

20. DATE RECEIVED 1932 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 to July 1, 1932
I last saw him alive on July 1 1932 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2 wks.

Other contributory causes of importance: Bronchial Pneumonia 1 wk.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Wilson Gardner, M. D.
(Address) 1629 E Pratt St

M. D. B. 1268-9

W. F. O. Dodd 317 Medical Arts Ver 0571

E 81056 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 81056

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Walbrook Ave St. 15-67 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas W. Walsh

(a) Residence: No. 3409 Walbrook Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Elizabeth Walsh

6. DATE OF BIRTH (month, day, year) Jan 7th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hub

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hamilton Canada

FATHER

13. NAME Isaac Walsh

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fred. B. Walsh

(Address) 3409 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 4th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1932 Huntington Williams, N.S. Registrar. B. of H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jun. 29, 1932 to July 1st 1932

I last saw h.im alive on July 1st, 1932. Death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis & (several yrs.) Edema of lungs (acute)	Several
Other contributory causes of importance:	
Hypertension	Several
Arterio-sclerosis (Especially cerebral)	years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Dodd, M. D.

(Address) 317 Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81057

CERTIFICATE OF DEATH 122-002

E 81057

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Condons

(a) Residence: No. 818 Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 10 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39.	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany.
(State or country)

FATHER

13. NAME Herman Condons

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Henrietta Lassmann

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetary Date July 4th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 2 1932 Huntington Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to July 1 1932

I last saw him alive on July 1, 1932. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus of Sigmoid	1 Day.
Ileus	
Generalized Peritonitis	2 Days

Other contributory causes of importance:

Name of operation Resection of Sigmoid Date of 6/27

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon Siegel M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

B 81058

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81058

CERTIFICATE OF DEATH

82-002

Registered No. 27754

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Dixon Rd Mt Washington St. Ward.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Gwinn

(a) Residence: No. Dixon Rd Mt Washington St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rice Gwinn

6. DATE OF BIRTH (month, day, year) May 30, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	1	1—0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. V. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Calvert Bank

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Gwinn

14. BIRTHPLACE (city or town) (State or country) Newton Co Georgia

MOTHER

15. MAIDEN NAME Elizabeth Rice Gwinn

16. BIRTHPLACE (city or town) (State or country) Maryland County Unknown

17. INFORMANT Elizabeth Rice Gwinn

(Address) 58 Wyoming Ave Balto

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 4 1932

19. UNDERTAKER Henry W. Brokenborough & Co

(Address) 1411 Eutaw Place

20. FILED July 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to June 30 1932

I last saw him alive on June 30 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Left hemiplegia)	6 24 30
Other contributory causes of importance: General arterio-sclerosis with many minor thrombotic attacks, cerebral.	about 1926

Name of operation — Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. Van Dorp M. D.

(Address) 1515 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81739 Therese Brenan

CERTIFICATE OF DEATH

146 - E 81059

1. PLACE OF DEATH: Univ Memorial Hosp. Registered No. 12-469
CITY OF BALTIMORE: (No. 33rd & Calvert St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Antonia de Lascoretches

(a) Residence: No. 3401 Greenway Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Antonio de Lascoretches

6. DATE OF BIRTH (month, day, year) Dec 30, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34 35	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 03
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER
13. NAME Matthew Brenan
14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER
15. MAIDEN NAME Therese Coan
16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Univ Memorial Hospital
(Address) 33rd and Calvert.

18. BURIAL, CREMATION, OR REMOVAL
Place Cleve. Cathedral Date 1-4-32

19. UNDERTAKER H. A. Dunkin Sons Co
(Address) 1 East Lexington St.

20. FILED 1-2-1932 ... Registrar. ... Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Dec 30, 1931
I last saw h.e.D. alive on Dec 30, 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Septicaemia following Classical Caesarean Section done 12/26/31	

Other contributory causes of importance: Intestinal Obstruction

Name of operation Caesarean Sect Date of 12/26/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John Mc F Brennand M. D.
(Address) 1014 N Paul St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

Csisinko

E 81060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81060

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Callum St. 14-27 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U.S. If of foreign birth? Unknown yrs.

2. FULL NAME Catherine Csisinko

(a) Residence: No. Mace Ave & Stemmers Run Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Andrew Csisinko

6. DATE OF BIRTH (month, day, year) 1881 Nov. 25

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
50	50	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland. (State or country) Hungary.

FATHER

13. NAME Nicolas Modler.

14. BIRTHPLACE (city or town) Hungary. (State or country)

MOTHER

15. MAIDEN NAME Katherine?

16. BIRTHPLACE (city or town) Hungary. (State or country)

17. INFORMANT Andrew Csisinko (Address) Mace Ave & Stemmers Run Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date July 4th 1937

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 403 S. Wolfe St.

20. FILED JUL 2 - 1937 M. Huntington Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937, to June 30, 1937.

I last saw her alive on June 25, 1937 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of neck	4 months
Other contributory causes of importance: Diabetes	2 years

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eldred Robert, M. D.

(Address) Franklin Sq Hospital

Director

M. D. B. 1268-9

E 81061

E 81061 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 East 33rd St. 4-47 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Roth

(a) Residence: No. 1716 East 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Anna E. Roth

7. DATE OF BIRTH (month, day, year) May 29-1860

8. AGE: Years 72 | Months 1 | Days 2 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch

10. Date deceased last worked at this occupation (month and year) 8yr 1924

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Gessner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaretta C Fredericks

(Address) 1716 East 33rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park 7/4 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul

20. FILED 7-5-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1931 to July 1st 1932

I last saw h[illegible] alive on July 1st 1932 Death is said to have occurred on the date stated above, at 1 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1930
Other contributory causes of importance: Senile Cirrhosis	July 1st 1931

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frederick H Herrman M. D.

(Address) 1710 E 33rd St

OCCUPATION is very important. See instructions on back of certificate.

81062 Coroner Pokorny 2200 E. Madison St. E 81062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l St., Hospital)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Meyers

(a) Residence: No. 938 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Last Widow~~ Lillian Meyers

6. DATE OF BIRTH (month, day, year) Apr 11th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. King Coal Supply Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William F. Meyer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lillian Meyers

(Address) 938 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 5th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
due to Subcortical hemorrhage	6/29/32
Other contributory causes of importance:	
Automobile accident	6/29/32

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/29 1932

Where did injury occur? Edmondson & Whitmore Aves
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell out of a moving truck

Nature of injury Cerebral concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2200 E Madison St

M. D. B. 1268-2

81063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81063

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 645 N. Fulton St., 16-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm D. Sherry

(a) Residence: No. 645 N. Fulton Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX White 4. Color or race 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minie E

6. DATE OF BIRTH (month, day, year) Sept 4 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation 062

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernard Sherry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Masterson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs. E. Sherry

(Address) 645 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 4 1862

19. UNDERTAKER Lee Beck

(Address) 1003 W. Baltimore St.

20. FILED JUL 5 1862 Thomas W. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1862

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leo Koch Coroner M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250F

81064 E 81064

81064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Dolfield Ave. St. 15-62 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hezekiah Wells

(a) Residence: No. 3703 Dolfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Ely Wells

6. DATE OF BIRTH (month, day, year) September 2, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner of Drawings

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall 56

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Wells

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Grace E. Wells
(Address) 3703 Dolfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 4, 1932

19. UNDERTAKER J. B. Cook
(Address) 1005 W. Baltimore St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1932 to July 1st, 1932

I last saw h im alive on June 30, 1932 death is said to have occurred on the date stated above, at 7.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Myocarditis	1930
Other contributory causes of importance: Pulmonary Edema	6.30.32

Name of operation None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Thurston, M. D.
(Address) 1900 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81065

CERTIFICATE OF DEATH

v 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Kayne Ave. 16-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearl L. Balzer

(a) Residence: No. 2735 Kayne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry F Balzer

6. DATE OF BIRTH (month, day, year) Sept 10th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry F Miller

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Eberlet E Sauers

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Henry F Balzer.
(Address) 2735 Kayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/4/1932

19. UNDERTAKER John F Cobaugh & Son
(Address) 901 Baltimore St.

20. FILED - July 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1/1932

22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to July 1 1932

I last saw h[illegible] alive on June 30 1932 Death is said to have occurred on the date stated above, at 3.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis?	
Tuberculous Pneumonia	about 2 months

Other contributory causes of importance:

Pelvic inflammatory disease

Name of operation ... Date of ...

What test confirmed diagnosis? Examination of Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Michel M. D.

(Address) 790 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

81066 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81066

82-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 30-70

CITY OF BALTIMORE: (No. 248 S. Monastery Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Le Roy Lumwalt

(a) RESIDENCE NO. 248 S. Monastery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8th 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Crane Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Bartlett Hayward Co
(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Richard J. Lumwalt

11 BIRTHPLACE OF FATHER (city or town) Balto., Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Cunabarger

13 BIRTHPLACE OF MOTHER (city or town) Balto., Maryland
(State or country)

14 Informant Mrs. Mary Lumwalt

(Address) 248 S. Monastery Ave

15 Filed , 192 Registrar

Deputy

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

suddenly

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D.
Coroner

7/2 1932 (Address) 220 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	7/4 19 32
20 UNDERTAKER John J. Cowan Co	ADDRESS 70 Hanover

CAUSE OF DEATH must be plainly written, so that it may be properly examined. EACH question must be answered.

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 81067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81067

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 E. Fort ave St., 24-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Potter

(a) Residence: No. 716 E Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Alice L. Thompson

6. DATE OF BIRTH (month, day, year) Jan 18 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer C40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron works

10. Date deceased last worked at this occupation (month and year) 6 / 1 / 32

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Potter

14. BIRTHPLACE (city or town) (State or country) Brooklyn Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Alice Potter

(Address) 624 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 5 1932

19. UNDERTAKER Chas L Stevens

(Address) 1501 E Fort Ave

20. FILED JUL 6 1932 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to July 1, 1932

Last saw h. IM alive on July 1 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Sclerotic.	
other contributory causes of importance:	
Acute Dilatation of Heart	6/29/32

Name of operation none Date of —

What test confirmed diagnosis? Clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signed H. L. Campbell M.D.

7/1/32 (Address) 1644 Hanover St.

M. D. B. 1268-9

E 81068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81068

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 14-27 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ellen Millington

(a) Residence: No. 1404 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
80	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E M Turlington

(Address) 1404 W Lexington

18. BURIAL, CREMATION, OR REMOVAL Eileen Cem Md. Date July 3, 1932

19. UNDERTAKER George E Smith

(Address) 1532 Hollins

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to July 3, 1932

I last saw h alive on June 28, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic.	? 4 yrs
Arteriosclerosis	4 yrs
Aortic defect	4 yrs
Cardiac Hypertrophy	? 4 yrs.
Other contributory causes of importance:	
Arteriosclerosis	? yrs.

Name of operation — Date of ..

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edwin B Jarrett M. D.

(Address) 1115 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81069

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Dead on arrival

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 6 mos. ..ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — William T. Meredith

(a) Residence: No. 321 N. Mount St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 17/1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nelson Co. Va

FATHER

13. NAME William Meredith

14. BIRTHPLACE (city or town) (State or country) Nelson Co. Va

MOTHER

15. MAIDEN NAME Sarah Diggs

16. BIRTHPLACE (city or town) (State or country) Nelson Co. Md.

17. INFORMANT William Meredith

(Address) 321 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Shipmond Va Date July 3 . 1932

19. UNDERTAKER Joseph A Lively

(Address) 1409 N. Mount Street

20. FILED July 5 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset:
Thermic Fever	about 18 h.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bacon Coroner . M. D.

(Address) 500 E Mount

AaCo. 5-31 20M

E 81070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81070

V 107-001

CERTIFICATE OF DEATH

Registered No. 25735

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Antone Prohaska

(a) Residence: No. 1213 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Prohaska Patapsco Mrs. Antone

6. DATE OF BIRTH (month, day, year) Oct 16, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs Barbara Prohaska

(Address) 1213 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date JUL 5 1932

19. UNDERTAKER Geo W Sitler

(Address) 2700 Edmondson Ave

20. FILED JUL 5 1932 19 [illegible] Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to July 2, 1932

I last saw him alive on July 2, 1932 death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic osteomyelitis of lower third of left tibia	
Other contributory causes of importance: Bronchopneumonia Septicemia	

Name of operation Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. T. Young, M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

E 81071

E 81071 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Cookoir St. 24-35 Ward) 5

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Mallory

(a) Residence: No. 1446 Cookoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Thomas J. Mallory

6. DATE OF BIRTH (month, day, year): Sept. 12 '57

7. AGE: Years: about 75 | Months: 2 | Days: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Hugh Slayn

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mary G. Stelwagon

(Address): 914 Baltic Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: July 4 '32

19. UNDERTAKER: Margaret E. Flynn

(Address): 1111 Light St.

20. FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 . 1932 to July 1 . 1932 last saw h alive on July 1 1932 death is said to have occurred on the date stated above, at 3-30 in.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Indefinite

Other contributory causes of importance:

Exhaustion	June 30/32

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. H. Campbell M. D.

(Address) 1644 Hanover

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1561

81072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81072

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4406 Paske Ave St. 36-42 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Briggeman

(a) Residence: No. 4406 Paske Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of late Albert Briggeman

6. DATE OF BIRTH (month, day, year) Feb 15 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Chas. Briggeman

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Jazine

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Edwin Briggeman

(Address) 4406 Paske Av

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date July 4 1932

19. UNDERTAKER Pinkett Herring

(Address) 2016 Adams St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to July 1 1932

That I last saw her alive on June 30 1932. Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
Cause say Refused by	
Other contributory causes of importance:	
Gall Stone	
Hernia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. H. Price M. D.

(Address) 4 400 Belair Road

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

81073

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 81073

50

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1836 N. Caroline ST., 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura K. Kelly

(a) RESIDENCE NO. 1836 N. Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Kelly

6 DATE OF BIRTH (month, day, and year) Mar. 16, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. Knighton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Margaret Pentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant John J. Kelly (Husband)
(Address) 1836 N. Caroline St.

15 Filed [illegible] 1932 Huntington Williams, M.D.
Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1930, to July 1, 1932, that I last saw h er alive on June 30, 1932, and that death occurred, on the date stated above, at 11:10 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast
Metastases.

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Wm. B. Dybert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon, Balto.	7/7/32 19
20 UNDERTAKER	ADDRESS
[illegible]	1734 Harford

M. D. B. 1268-9

B107487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81074

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 117-001

CITY OF BALTIMORE: (No. ..... St., 17-24 Ward 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Randolph Fickman

(a) Residence: No. 1 N Monticello St., Ward 20E

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/12/99

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	32	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Fickman

14. BIRTHPLACE (city or town) (State or country) MD -

MOTHER

15. MAIDEN NAME Lizzie Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL St Peters Cem Date July 4 1932

19. UNDERTAKER Samuel McCauley

(Address) 428 N Broadway

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28 1932 to July 1 1932

I last saw h[illegible] alive on July 1 1932 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer.	6/28/32
Broncho Pneumonia	
Other contributory causes of importance:	
Peritonitis	

Name of operation Exploratory Laparotomy Date of 6/28/32

What test confirmed diagnosis? Closure rupt ulcer gastric Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) J M Weeks M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

81075 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81075

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1501 N. Montford Ave St., 8-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary T. Kolb

(a) Residence: No. 1501 N. Montford Ave St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Kolb

6. DATE OF BIRTH (month, day, year) Feb. 12 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	62	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mathew Hogan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Cordelia Eckert

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William N. Kolb.
(Address) 1501 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 5 1932.

19. UNDERTAKER Lilly & Siler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19 ...
Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2/32. 19

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1929 to July 2, 1932.

I last saw her alive on July 1, 1932 death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis and Arteriosclerosis.	1/14/29
Other contributory causes of importauce: Cerebral Hemorrhage	6/25/32

Name of operation ... Date of ...

What test confirmed diagnosis? Laboratory test. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Alvin G. Singewald, M. D.

(Address) 163 E. Wood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81076

CERTIFICATE OF DEATH

210-001

Registered No. 28-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kernan Hospital (St.) 28 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph August Luers

(a) Residence: No. 1813 Carmine Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 24, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm A. Luers

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Florence M. Keck

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm A. Luers

(Address) 1813 Carmine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date July 4, 1932

19. UNDERTAKER John P. Deany

(Address) 115 Eager Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe body burns	4/18/32
Pulmonary Embolism	

Other contributory causes of importance:

Automobile accident	4/18/32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/18, 1932

Where did injury occur? Back yard of 1813 Carmine Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident. Boys were playing on

Manner of injury Auto in back yard + St

Nature of injury upset + caught fire.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) Joseph P. Deany M. D. Coroner

(Address) 2100 E Madison St

E 81077

1-30-32 M 100 B—50L

E 81077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 S. Charles St. ST., 23-33 WARD

2-FULL NAME Milton A. Etchison.

(a) RESIDENCE NO. 1425 S. Charles St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Anna Etchison.

6 DATE OF BIRTH (month, day, and year) February 1, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Oiler.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Charles Etchison.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Watkins.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Bertha Schuman. (sisterinlaw)

(Address) 1425 S. Charles St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis, general & cerebral.
Chronic Myocorditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial foiture,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

7/2/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL July 5 1932

20 UNDERTAKER John M. Deeny

ADDRESS 715 Cathedral

JUL 6 1932

Director

TION is very important See instructions on back of certificates.

M. D. R. 1268-9

E 81078

E81078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Park Ave St. 14-20 Ward)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth 63 yrs. 11 mos. 10 ds.

2. FULL NAME Jeannette Elizabeth Speister

(a) Residence: No. 1711 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George L Speister

6. DATE OF BIRTH (month, day, year) July 21 1862

7. AGE — Years 63 | Months 11 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None | 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) York Penna

FATHER

13. NAME Jacob Engeer ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adelaide Schlem

16. BIRTHPLACE (city or town) (State or country) York Penna

17. INFORMANT Wm. F. G. Speister (husband)
(Address) 711 Park Ave City

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date July 4 1932

19. UNDERTAKER Harris Bros & Co
(Address) 1310 N. Howard Ave.

20. FILED July 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to July 1, 1932

I last saw her alive on July 1, 1932. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	March 1931

Other contributory causes of importance: Myocarditis, Pulmonary Edema, Metastasis

Name of operation Amputation ? Left Breast Date of 3/10/31

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St

M. D. R. 1268-2

E 81079 ✓ E 81079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E. HIGHFIELD ROAD St., 12 Ward)

Registered No. 12469

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CATHERINE MOWTON WARING

(a) Residence: No. 1 EAST HIGHFIELD ROAD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ROBERT KERR WARING

6. DATE OF BIRTH (month, day, year) AUG. 31 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME JAMES MOWTON SAUNDERS

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME ELIZA C. BEARD

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT [illegible] (Address) 1 E. HIGHFIELD ROAD

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date July 4 1932

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED JUL 5 1932 [illegible] Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to July 3rd 1932

I last saw her alive on July 3rd 1932. Death is said to have occurred on the date stated above, at 3A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 1932
Senile Changes	Jan 1932

Other **contributory causes** of importance:

Cerebral Sclerosis	10 years

Name of operation None Date of ...

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. A. Blatford, M. D.

(Address) 1300 Mount St. Balto. Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81080

81080 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospital — Registered No. 107-001

CITY OF BALTIMORE: (No. Baltimore Md, St., 3-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — James Szymanski

(a) Residence: No. 606 S. Bond St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Record Balto City Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date July 4 1932

19. UNDERTAKER John A. Weber (Address) 1411 E. Lombard St

20. FILED 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1932 to 7-1 1932

I last saw him alive on 7-1 1932 Death is said to have occurred on the date stated above, at 11:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days ago
Other contributory causes of importance: Alcoholism chronic	3 yrs. ago

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

7-1-32 (Signed) James Higgins M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 81081 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81081

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp.) (Ward) 7-49

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Griffith Robinson

(a) Residence: No. 808 Amberson Pl. Pittsburgh Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Robinson

6. DATE OF BIRTH (month, day, year) July 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not known

10. Date deceased last worked at this occupation (month and year) not known

11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Hough Robinson

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME — Proto

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT H. C. Brennen
(Address) 25 Broad St. New York City

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date July 4 1932

19. UNDERTAKER Stewart & Morris Co
(Address) Lexington & Eutaw

20. FILED July 5 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 0 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932 to July 3 1932

I last saw him alive on July 3 1932 Death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/17/32

Other contributory causes of importance:
Bronchopneumonia, Nephritis
Arterio Sclerosis
Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John D. Fowler M. D.
(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M B—50L

E 81082

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81082

CERTIFICATE OF DEATH

X122-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 25-70 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Pitkey

(a) RESIDENCE NO. Elkridge, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Pitkey

6 DATE OF BIRTH (month, day, and year): Jan. 28, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	4 3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Vincent G. Pitkey

(Address) Elkridge

15

Filed 192 Registrar

Directing

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Strangulated Umbilical Hernia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 7/2/32

Was there an autopsy? No

What test confirmed diagnosis? Operation & Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

7/2, 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Howard Co. St. Mary's Cem.

DATE OF BURIAL: July 3 1932

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

See instructions on back of certificates.

TION is very important

M. D. B. 1268-9

81083 E 81083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-54 Ward)

Length of residence in city or town where death occurred 2 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Hoffman

(a) Residence: No. Levindale, Greenspring & Belvidere Aves St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Hoffman

(Address) 4414 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 1/4 19 32

19. UNDERTAKER S. Levinson Bro

(Address) 1424 E. Baltimore St.

20. FILED Jan 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5.03 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Other contributory causes of importance:	
Arteriosclerosis	
Cardiac Insufficiency	

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bauer M. D.
Coroner

(Address) 508 E Fayette

AACo. 5-31 250B

E 81084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81084

CERTIFICATE OF DEATH

121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital
CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phebbia Herbert

(a) Residence: No. 930 McDaugh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unk
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Provident Hospital
(Address) Reedy

18. BURIAL, CREMATION, OR REMOVAL
Place Pinetty Sip & Co Date July 4 1932

19. UNDERTAKER Robert J. Williams
(Address) 1515 McElderry St

20. FILED JUL 4 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 2, 1932
I last saw h[illegible] alive on July 2, 1932 death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	July 1 '32
Other contributory causes of importance:	
Appendicitis	June 24

Name of operation Laparotomy & drainage Date of July 2, 32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard J. Riggins M. D.
(Address) Provident Hospital

AACo. 5-31 250B

81085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81085

CERTIFICATE OF DEATH

27-54-59

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2308 Rogers Ave. St. ..... (Ward) .....

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Rayner Straus

(a) Residence: No. 2308 Rogers Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph L. Straus

6. DATE OF BIRTH (month, day, year) Aug. 31, 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME William S. Rayner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amalie Pollock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. Adler (Daughter)
(Address) Cordova Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Date July 5, 1932

19. UNDERTAKER Harold Sonneborn & Sons
(Address) 1902 Eutaw Place

20. FILED JUL 6 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from JAN'Y 17, 1916 to JULY 2d, 1932

I last saw h.sr alive on JULY 2d, 1932 death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE PULMONARY EDEMA	JULY 1932
CARDIOVASCULAR RENAL DISEASE	
(MYOCARDITIS - ARTERIOSCLEROSIS	
NEPHRITIS.) SYMPTOMS:	1921
Other contributory causes of importance:	
DIABETES MELLITUS	1916

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

AaCo. 5-31 250B

81086 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81086

CERTIFICATE OF DEATH

32-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. 11½ mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Baranuk

(a) Residence: No. Turtle Creek, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1906

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	25	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 5-11-32
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Baranuk
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 4 19 32

19. UNDERTAKER Harry S. Tuttle
(Address) 4101 E. Lafayette Ave
Huntington Williams, N.Y.

20. FILED July 4 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 11, 19 32, to July 1, 19 32
I last saw him alive on July 1, 19 32 death is said to have occurred on the date stated above, at 11:57 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, general miliary	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. Abbott, M. D.
(Address) U.S. Marine Hospital

Spec.—9-30—A. & Co.—200 Bks.

81087

E 81087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 904 Gilmor St. 16-22 WARD)

2. FULL NAME Wilda Dennis

(a) RESIDENCE NO. 904 Gilmor ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): July 6-1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Marie King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mrs. Geo. H. Holland 163 Druid Hill

15 Filed 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3, 32

17

I HEREBY CERTIFY. That I attended deceased from June 27, 1932, to July 3, 1932

that I last saw h[illegible] alive on July 2, 1932

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. Wickham Frey M. D.

7/4, 1932 (Address) 1928 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 7/4/1932

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 163 Druid Hill Ave

FROM IS very important. See instructions on back of certificate.

AACo. 5-31 250B

E 81088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81088

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No.) St. 17-24 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 14 mos. ..ds. How long in U.S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Marcellus Denby

(a) Residence: No. 51 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) ? 1858

7. AGE	Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date 7/5/1932

19. UNDERTAKER Mrs. George E. Holland

(Address) 1631 Druid Hill Ave

20. FILED 7-5-1932 [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1932 to 7-1, 1932

I last saw h.. alive on 7-1, 1932 death is said to have occurred on the date stated above, at 5.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 days

Other contributory causes of importance:

Arteriosclerosis	4 years?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. E. McDonald, M. D.

(Address) Provident Hospital

PENALTY FOR FAILURE TO FILE CERTIFICATE IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

E 81089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81089

54-004

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden & Madison ST., 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Page Sellers

(a) RESIDENCE NO. 619 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Shrewsbury, Pa.~~ do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Shrewsbury Pa.
(State or country)

PARENTS

10 NAME OF FATHER Herman Sellers

11 BIRTHPLACE OF FATHER (city or town) Esters Store
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Hettie Young

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hospital Records
(Address)

15 Filed ....19.... Registrar

A-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1932, to July 4, 1932,

that I last saw h.. alive on July 4, 1932

and that death occurred, on the date stated above, at 1:15 a.m.

The CAUSE OF DEATH* was as follows:

Brain tumor

do

(duration) yrs. 23 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert V. Chronister, M. D.

.19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury Pa.

DATE OF BURIAL 7/6 1932

20 UNDERTAKER G. W. Geiple & Son

ADDRESS Glen Rock, Pa

1-30—M. & T.—100 B—50L

E 81090

E 81090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1832

REGISTERED NO. 25-76

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Texas Oil Co. Fairfield. ST., WARD

2-FULL NAME John Paskosz.

(a) RESIDENCE NO 3119 Sun St. Fairfield. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 9, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Paskosz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Michalena Poturalski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Michalena Paskosz. (mother)

(Address) 3119 Sun St. Fairfield.

15 Filed JUL 5 1932 192 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall from a launch.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

7/2/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross R.C. July 6

DATE OF BURIAL 1932

20 UNDERTAKER George A. Weber

ADDRESS 705 E Lan

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

81091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81091

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Trappe Road St. [illegible] Ward) 26-37

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 43 yrs. ... mos. ... ds.

2. FULL NAME Martin Kowalenski

(a) Residence: No. 1706 Trappe Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Late Katarzyna Kowalenski

6. DATE OF BIRTH (month, day, year) about 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... [illegible] 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Frances Parzynski

(Address) 1706 Trappe Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date June 6th 1932

19. UNDERTAKER George A. Weber

(Address) 765 [illegible] Ave

20. FILED JUN 5 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30 1932 to July 2 1932

I last saw him alive on July 2 1932 Death is said to have occurred on the date stated above, at 10.14 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry B Kelly, M. D.

(Address) 2564 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 81092

E 81092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 8 Light St. ST. 22-31 WARD)

2-FULL NAME Mike Matskewitch.

(a) RESIDENCE NO. 722 S. Charles St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 15 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Mike Matskewitch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Annie Zamkoska.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Mike Matskewitch. (father)

(Address) 722 S. Charles St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopay or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopay or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Occicental fall from a wharf.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopay? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Hambrandt M. D. Coroner

7/2/32 19 (Address) 1017 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery DATE OF BURIAL: July 5th 1932

20 UNDERTAKER: George A. Weber ADDRESS: 705 S. Amity St

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 81093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81093

163

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woodrow Apartments. 300 E.30th St. ST. 4-46 (WARD)

2-FULL NAME Florence M.Morris.

(a) RESIDENCE No Woodrow Apts. 300 E.30th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edgar W.Morris.

6 DATE OF BIRTH (month, day, and year) June 28, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	51	0	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Frank Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Edgar W.Morris.(husband)
(Address) Woodrow Apts. 300 E.30th St.

15 Filed ..., 192 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide.
Cyanide of Potassium Poisoning.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

7/4/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft. Lincoln — DATE OF BURIAL July 5 1932

20 UNDERTAKER Horace F. Burgee — ADDRESS 3631 Falls Rd

TION is very important See instructions on back of certificates.

A&Co. 5-31 250E

81094 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81094

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. Monument St. / 3-20 Ward)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mrs. Mary E. Boyle

(a) Residence: No. 608 W. Monument St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Boyle

6. DATE OF BIRTH (month, day, year) May 6, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Setter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gartner Co.
10. Date deceased last worked at this occupation (month and year) May 1932
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ferdinand Hoppe
14. BIRTHPLACE (city or town) (State or country) Portlandt Germany

MOTHER

15. MAIDEN NAME Mary E. McLaughlin
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Boyle
(Address) 608 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date July 5, 1932

19. UNDERTAKER Edward D. Conklin
(Address) 724 E. Eager St.

5 JUL 1932 Huntington Williams, M.D.
20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1932, to July 2nd, 1932
I last saw him alive on July 2nd, 1932 death is said to have occurred on the date stated above, at 10. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Coronary disease - (Possible Coronary Thrombosis)	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical progress Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
*Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signature) H. O. Bulwinkle M. D.
7/4/32 (Address) 1901 Eutaw Place

M. D. H. 1268-9

E 81095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81095

CERTIFICATE OF DEATH

✓ 154

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70-74 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Knott

(a) Residence: No. 731 Lauden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md

FATHER

13. NAME Edward Knott

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Catharine - (?)

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT ..... Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwarz Cemetery Date 7/5/ 1932

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 , 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2 , 1932 to July 3 , 1932

I last saw h.. alive on July 3 , 1932. Death is said to have occurred on the date stated above, at 10.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7/1/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. S. Grade M. D.

(Address) Johns Hopkins Hosp.

E 81096 E 81096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH US Marine Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 21-31 Ward)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles L Cook

(a) Residence: No. 404 E Cross St., ____ Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Rosa Cook

6. DATE OF BIRTH (month, day, year) Oct About 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
About 65	9	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Dept

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Charles Cook

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas G. Cook
(Address) 404 E. Cross st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 6th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to July 3, 1932

I last saw h~~er~~ alive on July 3, 1932, death is said to have occurred on the date stated above, at 6 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of prostate	Feb 25 1932

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) A. L. Williams, M. D.

(Address) U S Marine Hospital Baltimore, Md

Spec. 6-24-32—F. S.—500 Bks.

E 81097

81097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84-002

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 37-444

CITY OF BALTIMORE: (No. Linden & Madison ST., 3rd WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Ruth Mitchell

(a) RESIDENCE NO. 2510 Southern ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Office 009

(c) Name of employer Castleberg Turley Co Childs, Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Ernest C. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury Md.

12 MAIDEN NAME OF MOTHER Mary Clement

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia (State or country) Pa.

14 Informant Hospital records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1932

17 I HEREBY CERTIFY, That I attended deceased from 6-26, 1932, to 7-3, 1932

that I last saw her alive on July 3, 1932

and that death occurred, on the date stated above, at 11.43 P m.

The CAUSE OF DEATH* was as follows:

Chronic Mastoiditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Streptococcus (hemolyticus) meningitis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Mar. 1932

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John M. Chenault M. D.

19 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 7/6/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec. 2-29-28—L. F. S.—500 Bks.

E 81098

Wesolowski

E 81098

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2937 Hudson ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John. Wesolowski

(a) RESIDENCE NO. 2937 Hudson ST., WARD

(Usual place of abode) Baltimore 23 Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Balbina Wesolowski

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: 39 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Molder

(b) General nature of industry, business, or establishment in which employed (or employer): 047

(c) Name of employer: Weisteldl

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

11 Informant: Francis Burgtos

(Address) 2529 E. Lat St

15 Filed — Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4, 3 am, 1932

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1932, to July 4, 1932

that I last saw him alive on July 3, 1932

and that death occurred, on the date stated above, at 3 am m.

The CAUSE OF DEATH* was as follows:

Cancer of the Pancreas

(duration) Unknow yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Joseph A. Rosenblatt, M. D.

7/4, 1932 (Address) 3018 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem

DATE OF BURIAL: July 7 1932

20 UNDERTAKER: John J. Ruda

ADDRESS: 2811 Hudson St

M. D. B. 1268-9

E 81099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81099

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apts St. 12-49 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Byrd Straub Letzkus

(a) Residence: No. Canterbury Road & 39th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward G. Letzkus

6. DATE OF BIRTH (month, day, year) March 27, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pa

FATHER

13. NAME Charles Louie Straub

14. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pa.

MOTHER

15. MAIDEN NAME Bertha Kiefer

16. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pa.

17. INFORMANT Edward G. Letzkus
(Address) Ambassador Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date July 5 1932

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Aves.

20. FILED JY 5 1932 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See INSTRUCTIONS ON BACK of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1931 to July 2 1932

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas, gall-bladder & stomach	

Other contributory causes of importance:

Name of operation Laparotomy Date of Dec. 31

What test confirmed diagnosis? Oper. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) E. I. Bonello M. D.

(Address) 2104 St. Paul St

81100

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81100

CERTIFICATE OF DEATH

X V 66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hosp St. or Ward) July 3-32

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Jack De Moore

(a) Residence: No. 712 W 39th St., Ward. Norfolk Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Seaman

10. Date deceased last worked at this occupation (month and year) July 27 1932

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Woodsboro N Car.

FATHER

13. NAME Thomas J De Moore

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Rosa Mae Bogan N.C.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem Date 7/5/32

19. UNDERTAKER Joseph Ahrens (Address) 224 Kenyon Ave Huntington Williams, W. Va.

20. FILED 7-5-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to July 3, 1932

I last saw him alive on July 3 1932 death is said to have occurred on the date stated above, at 2.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Goiter Toxic Nodular Nontoxic	3 mos ago

Other contributory causes of importance: Embolism Cardiac Immediately at death

Name of operation Thyroidectomy Date of 7/1/32

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Lawrence, M. D.

(Address) U. S. Marine Hospital Baltimore Md.

M. D. B. 1268-9

81101 E 81101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1012 Bonaparte Ave St. 26-36 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W. Taylor

(a) Residence: No. Ine Ave Shore Colgate Creek St. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Taylor

6. DATE OF BIRTH (month, day, year) Apr 22/1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co., Va.

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Young ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lottie Leimbach (Daughter)
(Address) 1012 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 5, 1932

19. UNDERTAKER George W. Fishbein
(Address) 1737 E. Eager St.

RECEIVED JUL - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: Senile Debility	

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...

(Signed) C. O. Kattenburg M. D.
Coroner

(Address) 708 E. North Ave

Spec.—9-30—A. & Co.—250 Bks

E 81102

81102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1914 Brunt ST. 14-20 WARD)

2 FULL NAME Elizabeth Evans

(a) RESIDENCE NO 1914 Brunt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 73 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: David Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Elyabelle Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Howard C. Williams 1914 Brunt St.

15 [illegible] 1932, 19 Huntington Williams Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to July 1, 1932

that I last saw h[illegible] alive on July 1, 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Heat prostration 6 hours

(duration) — yrs. — mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelletiau M. D.

(Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 5th 1932

20 UNDERTAKER: Archibald C. Haddis — ADDRESS: 1845 Mc Culloh St.

A4Co. 5-31 250B

81103

HEALTH DEPARTMENT—CITY OF BALTIMORE

81103

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH 1529 Light St. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-34 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elena Donaldson

(a) Residence: No. 1529 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	married

5a. If married, widowed, or divorced WIFE of Alfred F. Donaldson

6. DATE OF BIRTH (month, day, year) Feb. 23-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER FATHER

13. NAME Chas. Shelton

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Lorraine Meridith

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Alfred Donaldson

(Address) 1529 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 5. 1932

19. UNDERTAKER Maynard C. Flynn

(Address) 1529 Light St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932 to July 2, 1932

I last saw her alive on July 2, 1932 death is said to have occurred on the date stated above, at 330 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	indefinite
Cerebral Hemorrhage	7 days

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? Cl. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) ..... M. D.

(Address) 3321 Lindsb Ave

Registrar

Director

M. D. B. 1268-9

81104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81104

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 13-51 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Hattie Taylor

(a) Residence: No. 2806 Remington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0-3

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Balto. City Hospitals Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place W. H. Jacobs Cem. Date July 5, 1932

19. UNDERTAKER Samuel T. Rogers.

(Address) 5-7 Mitchell St.

20. FILED 1932 Huntington Avenue Station

Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1932 to 7-1, 1932

I last saw h[illegible] alive on 7-1, 1932 Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis chronic	3 months ago
Other contributory causes of importance: Arteriosclerosis Hypertension	[illegible]

Name of operation None Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

7-1-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

192-001

E 81106 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81105

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Presstman St. 15-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida P. Slater

(a) Residence: No. 1325 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Slater

6. DATE OF BIRTH (month, day, year) Unknown 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Md.

FATHER

13. NAME John Wade

14. BIRTHPLACE (city or town) (State or country) Charles County Md.

MOTHER

15. MAIDEN NAME Ellen Green

16. BIRTHPLACE (city or town) (State or country) Charles County Md.

17. INFORMANT Martenia Russell
(Address) 1325 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date July 6, A. ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to July 1, 1932

I last saw her alive on July 1, 1932. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	10/31

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify ...

(Signed) John D. Quinn, M. D.

(Address) 1501 N. Fulton Ave.

M. D. B. 1268-9

E 81106 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81106

CERTIFICATE OF DEATH

Registered No. 157-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Brannan St., Ward) 15 to 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vivian Edmund Jackson

(a) Residence: No. 3903 Brannan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13 34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME James E. Jackson

14. BIRTHPLACE (City or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Flora M. Leigh

16. BIRTHPLACE (City or town) (State or country) Baltimore Md.

17. INFORMANT James E. Jackson
(Address) 3903 Brannan St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/5/34

19. UNDERTAKER F. B. Rodgers
(Address) 330 Eastern Ave

20. FILED JUL 5 1934 By ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4/34

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1933 to July 4 1934

I last saw him alive on July 4 1934. Death is said to have occurred on the date stated above, at 3.4 a m.

The principal cause of death and related causes of importance were as follows:

Meningitis — Date of onset

Other contributory causes of importance:

Spina bifida
Meningocele

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Dale R. Clemson M. D.

(Address) 2401 Garrison Blvd

1-30—M. & T.—100 B—50L

E 81107

E 81107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

REGISTERED NO. 22-32

1-PLACE OF DEATH Spring Gardens.

CITY OF BALTIMORE: (No.) Foot of Baterview Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Brooks.(C)

(a) RESIDENCE NO. 711 S.Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) July 4, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) O.T.O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER David Brooks.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eleanore Harman.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Rose Jones.(C) aunt.

(Address) 729 Grindall Ct.

15 Filed JUL 5 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental Drowning while in bathing.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Inquiry

(Signed) Otto M Hemmendt, M. D. Coroner

7/5/32 19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery July 5 1932 DATE OF BURIAL

20 UNDERTAKER Walter E Sprigg 1/4 Hanover ADDRESS

THIS IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 81108 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81108

CERTIFICATE OF DEATH

82-001

Registered No. 27-53

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5701 Roland ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna A. Smith
(a) Residence: No. 5701 Roland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W.	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Smith

6. DATE OF BIRTH (month, day, year) 4-3-53

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER
13. NAME H. H. Shillington
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anna Ross
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Wm. M. Smith
(Address) 5701 Roland ave

18. BURIAL, CREMATION, OR REMOVAL
Date July 5, 1932
Cem. or Crem. Lorraine Cem.

19. UNDERTAKER Chas. E. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED July 6 1932 Wilmer Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

a Apoplexy

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) John J. Morrissey Coroner
(Address) 2632 Roland ave

M. D. B. 1268-9

81109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81109

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Bouldin St. No 2 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Sliwinski

(a) Residence: No. 424 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia Sliwinski

6. DATE OF BIRTH (month, day, year) June 23 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57		10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Antoni Sliwinski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julia Sliwinska
(Address) 424 S. Bouldin

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 6, 1932

19. UNDERTAKER J. Bagenski
(Address) 1930 East Oliver

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to July 3rd 1932
Last saw him alive on July 3rd 1932. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Compensation resulting in Exhaustion + Oedema	July 1st

Other contributory causes of importance:

Chronic Endocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Uncertain do. specify

(Signed) Amelia E Link M. D

(Address) 1717 N. Caroline St

M. D. B. 1268-9

1110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81110

CERTIFICATE OF DEATH

162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Ellwood ave (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Clisham

(a) Residence: No. 812 S. Ellwood ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Higgins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs B. McKay

(Address) 812 S. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Patricks Date July 6, 1932

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED JUL - 1932, 19... Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to July 3, 1932

I last saw h alive on July 3, 1932 Death is said to have occurred on the date stated above, at 5P. m.

The principal cause of death and related causes of importance were as follows:

Debility of Aged — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Toulson M. D.

(Address) 800 S. Ellwood Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81111

CERTIFICATE OF DEATH

82 E 81111

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. [illegible] Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Flaherty

(a) Residence: No. 2214 East St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced. WIFE of (or) HUSBAND of Elizabeth Flaherty

6. DATE OF BIRTH (month, day, year) Dec? - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pile driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Flaherty

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary A Lynch

16. BIRTHPLACE (city or town) (State or country) ? Baltimore Md.

17. INFORMANT Records Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 6 - 1932

19. UNDERTAKER Lilly & Zollers Inc
(Address) 1020 Washington Blvd.

20. FILED JUL 5 - 1932 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1932 to 7-3-1932

I last saw him alive on 7-3-1932 Death is said to have occurred on the date stated above, at 10:05 a.m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Other contributory causes of importance:	
Hemiplegia	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

7-3-32 (Signed) Amos Big Abee M. D.

(Address) Baltimore City Hospitals

M. D. R. 1265-3

81112

HEALTH DEPARTMENT—CITY OF BALTIMORE

81112

CERTIFICATE OF DEATH

Registered No. 16-1623

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roxie Shields

(a) Residence: No. 225 N. Arlington ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Alex Shields

6. DATE OF BIRTH (month, day, year) Dec. 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Unknown

10. Date deceased last worked at this occupation (month and year) — Unknown

11. Total time (years) spent in this occupation — Unknown

12. BIRTHPLACE (city or town) (State or country) — Virginia

FATHER

13. NAME — Philip Tucker

14. BIRTHPLACE (city or town) (State or country) — Virginia ?

MOTHER

15. MAIDEN NAME — Virgie Redmond

16. BIRTHPLACE (city or town) (State or country) — Virginia ?

17. INFORMANT — Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date July 5, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 332 N. Schroeder St.

20. FILED July 5 1932 Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932 to July 2, 1932

I last saw her alive on July, 1932. Death is said to have occurred on the date stated above, at 3.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrence A. Sears, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 81113

81113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore md St. 18-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Teal

(a) Residence: No. 232 Rock St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James 1905

6. DATE OF BIRTH (month, day, year) Jan 3 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 232 Rock St Balto md

FATHER

13. NAME Thomas Foote

14. BIRTHPLACE (city or town) (State or country) Calvert Co md.

MOTHER

15. MAIDEN NAME maggie ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT Records City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W.P. Cemetery Date 7-5 1932

19. UNDERTAKER Mrs. Katie R. W. Shorns
(Address) 322 No Eutaw St

20. FILED ... 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1932 to 7-1 1932

I last saw h[er] alive on 7-1 1932 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Rheumatic	Unknown
Other contributory causes of importance: Myocardial Insufficiency	1 month ago

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

7-1-32 (Signed) Elmer Highleyman M. D.

(Address) Balto. City Hospitals

M. D. R. 1268-9

81114

E 81114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 E. Lexington St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachael Cohen

(a) Residence: No. 501 E. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hershon Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... (State or country) Russia

FATHER

13. NAME Sapon

14. BIRTHPLACE (city or town) ... (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ... (State or country) Russia

17. INFORMANT Irving Cohen
(Address) 7 E. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Shaw Cem Date 7-5- 1932

19. UNDERTAKER Jacob Levine Inc
(Address) 1239 E. Balto St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1927 to July 5 1932

I last saw h[illegible] alive on July 4 1932. Death is said to have occurred on the date stated above, at 1:17 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (terminal)	
Other contributory causes of importance: Arteriosclerosis	
Chronic myocarditis	
" nephritis	

Name of operation none Date of ...

What test confirmed diagnosis? clinical & fatal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Isidor D. Levy M. D.

(Address) 2324 Eastern Ave

M. D. B. 1268-9

81115 91

E 81115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ✓ St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Sinksfield Jowan

(a) Residence: No. 20 E. Susquehanna St., Ward. 2nd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Wallis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Stella Lucas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT [illegible] Richards

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date July 7 1932

19. UNDERTAKER Francis H. Grant

(Address) 638 N. Gilmor St

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to July 3, 1932

I last saw her alive on July 3, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1 years ago

Other contributory causes of importance:

Intestinal obstruction (partial) 2 mo

Resection of Sigmoid

Name of operation Colostomy Date of Oct 17

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Howard Smith M.D.

(Address) Johns Hopkins Hosp

M. D. R. 1268-9

81116 E 81116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. St., 4 30 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Crooks.

(a) Residence: No. Arbutus Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Name not known

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 74 | Months: Unknown | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (Odd jobs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Mrs. Virginia Fritze

(Address) Maple Ave. Arbutus Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date July 8th, 1932

19. UNDERTAKER: Charles W. Dill

(Address) 3169 Frank Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1932, to July 4, 1932

I last saw him alive on July 4, 1932. Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (primary) of prostate	1932

Other contributory causes of importance:

Chronic Nonsuppurative Nephritis	1930
Myocardial degeneration & decompensation	July 1, 1932

Name of operation: Suprapubic cystotomy Prostatic resection part operation Date: May 11, 1932 June 16, 1932

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. E. Savage, M. D.

(Address) Univ. Hosp.

Spec—B 30—A. & Co.—250 Blks

81117 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81117

CERTIFICATE OF DEATH.

32-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1907 W. Pratt ST 70-28 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. MacGuire

(a) RESIDENCE NO. 1907 W. Pratt ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Francis A. MacGuire

6 DATE OF BIRTH (month, day, and year) March 8, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. H. Frey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Mary S. Butler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Co. Md.

14 Informant Francis A. MacGuire
(Address) 1907 W. Pratt St.

15 Filed JUL 5 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3/32

17

I HEREBY CERTIFY, That I attended deceased from 7/27, 1932, to 7/31, 1932

that I last saw h er alive on 7/31, 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Suburban Hosp. 7/3/32 8 A.M.

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Terry M. D.

7/31, 1932 (Address) 9 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. DATE OF BURIAL July 6 1932

20 UNDERTAKER Henry A. Kuetzle & Co. ADDRESS Baltimore Md

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81118

CERTIFICATE OF DEATH

23E 81118

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Cornelius Mayo.

(a) Residence: No. No home St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) March, 1932

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) (?) Virginia

MOTHER

15. MAIDEN NAME Sarah (?)

16. BIRTHPLACE (city or town) (State or country) (?). Virginia

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 5 . 1932

19. UNDERTAKER
(Address)

5-7-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-20 , 1932, to 7-2 , 1932

I last saw him alive on 7-2 , 1932 Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Date of onset 4-1-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Lawrence H. Cone , M. D.
(Address)

M. D. B. 1268-9

E 81119 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81119

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St. 19-3 Ward) Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Loomis.

(a) Residence: No. 418 N. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Sing C.

6. DATE OF BIRTH (month, day, year)

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. 6 weeks

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hosp Records,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 5, 19 32

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 19 32

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to June, 19 32

I last saw h alive on June, 19 32 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice,	
Congenital Malformation of bile ducts	

Other contributory causes of importance

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19 [illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify [illegible]

(Signed) H. Polk Coroner, M. D.
(Address)

M. D. B. 1928-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81120 — 159 — E 81120

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 15-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Girl Nolan

(a) Residence: No. 1506 Mount St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/30/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... Maryland
(State or country)

MOTHER FATHER

13. NAME Thomas Nolan

14. BIRTHPLACE (city or town) Ga —
(State or country)

15. MAIDEN NAME Phoebe White

16. BIRTHPLACE (city or town) Md —
(State or country)

17. INFORMANT Parents —
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place J. J. McCollum Date July 5 , 1932

19. UNDERTAKER
(Address)

20. FILED 5-, 1932 Huntington Wills, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 , 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 , 1932 to July 1 , 1932

I last saw h.. alive on July 1 , 1932 Death is said to have occurred on the date stated above, at 2 05 P m.

The principal cause of death and related causes of importance were as follows: Prematurity — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. G. Goodwin, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

81121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81121

CERTIFICATE OF DEATH

1. PLACE OF DEATH M.E. Home for the Aged — Registered No. 27-54 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2211 Rogers Ave (Ward) 27

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valiria Kipp

(a) Residence: No. 2211 Rogers Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Kipp

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Faust

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 7 1932

19. UNDERTAKER George J. Smith

(Address) 1532 Hollins St

20. FILED 1932 19 A. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to July 4 1932

I last saw her alive on July 4 1932. Death is said to have occurred on the date stated above, at 4:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus & Cervix	8 mos

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archer J Dawes, M. D.

(Address) 800 W 33rd St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81122

E 81122

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD 5-61

2-FULL NAME Bernard G. Saffield

(a) RESIDENCE NO 3206 Piedmont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 7th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	43	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Loane Metal Brush Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. County Maryland

PARENTS

10 NAME OF FATHER Richard J. Saffield

11 BIRTHPLACE OF FATHER (city or town) A. A. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Steuer

13 BIRTHPLACE OF MOTHER (city or town) Balto., (State or country) Maryland

14 Informant Richard J. Saffield
(Address) 2600 Hollins Ferry Rd.

15 Filed ... 1932 ... 192 Huntington Williams Registrar
B. D. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Revolver Wounds of Chest and Heart, 32 calibre

(duration) yrs. about mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carroll Park

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Evidence

(Signed) Guy N. Cromwell M. D. Coroner

7/4 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	July 6 1932
20 UNDERTAKER J. Vernon Kechner	ADDRESS Hollins

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81123

CERTIFICATE OF DEATH

E 81123

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Anthony Kroll

(a) Residence: No. 2010 Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2, 56

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frances Kroll

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 6, 1932

19. UNDERTAKER Mary M. Medford

(Address) 550 E. 22nd St

Hunter & Williams, N.Y.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to July 5, 1932

I last saw h. alive on July 5, 1932 Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	2 mos.
	?
Other contributory causes of importance: Auricular Fibrillation	1 Day
Broncho-Pneumonia	1 Day

Name of operation Suprapubic Prostatectomy Date 7/2

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81124

CERTIFICATE OF DEATH

E 81124

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Classon Ave Ward) 15-58

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Dillon

(a) Residence: No. 2708 Classon Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of: Matthew F. Dillon

6. DATE OF BIRTH (month, day, year): Mar 29th 1865

7. AGE: Years 67 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Matron

9. Industry or business in which work was done, as ~~cotton~~ mill, saw mill, bank, etc.: Goldberg's Dept. Store

10. Date deceased last worked at this occupation (month and year): 7/1/32

11. Total time (years) spent in this occupation: 7 yrs

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Samuel Johnson

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Regina Robertson 2708 Classon Ave

18. BURIAL, CREMATION, OR REMOVAL Place: New Cathedral Date: July 6th 1932

19. UNDERTAKER (Address): Wm Cook 1217 N. Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to July 3 1932

I last saw her alive on July 3 1932. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sudden

Acute Cardiac Dilatation

Other contributory causes of importance:

Cholecystitis Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Gelbach M. D.

(Address) 1132 W. 20th St.

E 81125

1-30 [illegible] 500 B—50L

E 81125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital. ST. 15-64 WARD)

2-FULL NAME Mary A. Cook.

(a) RESIDENCE NO. 1661 Thomas Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, ~~divorced~~
(or) WIFE of John W. Cook.

6 DATE OF BIRTH (month, day, and year) August 20, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Tobias Akers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Iowa Merriman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Sr. M. E. Necht.
(Address) Union Memorial Hospital.

15 Filed ..... 1932 ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes, Hypertention.
Arterio sclerosis.
Acute Nephritis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1661 Thomas Ave. July 3, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto W. Reinhardt, M. D. Coroner

7/4/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL 7/6 1932

20 UNDERTAKER [illegible]

ADDRESS 1217 E. Fayette St

M. D. B. 1268-9

81126

HEALTH DEPARTMENT—CITY OF BALTIMORE

81126

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W. Lombard St., 18-29 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Navickas

(a) Residence: No. 806 W Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Navickas

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Kristaut Navickas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Agnes Ludvicus

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Anne Navickas
(Address) 806 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 6, 1932

19. UNDERTAKER John Grebliunas
(Address) 1122 E. Baltimore Street

20. FILED July 6, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George Gilbert M. D.
Coroner

7/6/32 Address 1129 Eastern Ave

1-30—M 81127—100 B—50L

81127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81127

CERTIFICATE OF DEATH

REGISTERED NO. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. (WARD) 9

2-FULL NAME Pius Mackokas

(a) RESIDENCE NO. 713 Portland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): ? ? 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Pius Mackokas Jr.

(Address) 713 Portland St.

15 Filed ..., 192.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH was as follows: Chronic Valvular Heart Disease

(duration) yrs. 6 mos

CONTRIBUTORY (Secondary) Disease: Chronic Myocardial

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Guy A. Cromwell M. D. (Coroner)

7/5/1932 (Address) 203 Patapsco Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: July 7 1932

20 UNDERTAKER: John Bretkunskas ADDRESS: 413 S. Fran...

M. D. B. 1268-9

81128

Unit 0377

E 81128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Laurel Park) (St.) (Ward) 65

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Wilner

(a) Residence: No. 4120 Norfolk ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Wilner

6. DATE OF BIRTH (month, day, year) 12-25-1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
32	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin Dinovitzer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sonia Cooperstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Wilner
(Address) 4120 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL Levy Cemetery 7-6-32
Date ... 19

19. UNDERTAKER Joseph Levy Jr
(Address) 1432 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw her alive on June 5th, 1932 Death is said to have occurred on the date stated above, at 9:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis Myocarditis	

Other **contributory causes** of importance:

Coronary Thrombosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jos E Cochran M. D.

(Address) 1201 Garrison Blvd

Spec—9-30—A. & Co.—250 Blks.

Miller

E 81129 E 81129

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Division St 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marjorie Miller

(a) RESIDENCE NO. 211 Division ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (b) WIFE of John Miller

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Of°

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Forrestown N.J.

PARENTS

10 NAME OF FATHER Moulden Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant (Address) Penny Bullock 211 Division St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 32

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to July 3, 1932, that I last saw h[illegible] alive on June 2, 1932, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Frey M. D.

July 5, 1932 (Address) 1928 Penna Ave

* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL July 6 1932

20 UNDERTAKER W. A. Brooks ADDRESS 1463 N. Carey

Spec.—1-30—[illegible]T—250 Bks.

E 81130

E 81130

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2219 Brunt St., 14-59 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Skinner

(a) RESIDENCE NO. 2219 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Skinner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mollie McBride 1713 E. Lexington St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1932

17 I HEREBY CERTIFY, That I attended deceased from July 14 1932, to July 4th 1932, that I last saw her alive on July 4th 1932, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) — yrs. 5 mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? not known.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

7-5 1932 (Address) 1916 Pennsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 7-8 1932

20 UNDERTAKER Wm. H. Grace Son

ADDRESS 638 N. Eutaw

M. D. B. 1268-9

81131

HEALTH DEPARTMENT—CITY OF BALTIMORE

81131

CERTIFICATE OF DEATH

36-2 V15

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Baldwin

(a) Residence: No. 3406 Leverton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. C. Baldwin

6. DATE OF BIRTH (month, day, year) Feb 24/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Franklin Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Georgina -------

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Nettie Jones (daughter)

(Address) 3406 Leverton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 6, 1932

19. UNDERTAKER H. H. Gilbert & Son

(Address) 2334 Gilmor St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

Septicemia — Date of onset 6/27/32

Other contributory causes of importance:

Erysipelas infection of varicose ulcer of rt leg — 6/25/32

Name of operation Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Bauer Coroner, M. D.

(Address) 508 E Fayette

M. D. B. 1268-9

E 81132 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81132

CERTIFICATE OF DEATH

V 82-001

Registered No. 82-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3806 Fenchurch St., Roland Park Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Ann Smucker (Smucker)

(a) Residence: No. 3806 Fenchurch St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 23, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Luther M. Smucker

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Neville C. Watson

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Jules E. Smucker

(Address) 3806 Fenchurch Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Louis, Mo. Date July 6, 1932

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1906 Eutaw Place

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) John F. Hemmeter M. D.
Coroner

(Address) 6722 Roland Ave

AaCo. 5-31 250B

81133 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81133

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Gough St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosale Lonegro

(a) Residence: No. 2222 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Biaggio Lonegro

6. DATE OF BIRTH (month, day, year) Dec 20, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Ignatius Lesio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta Mariana

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Henrietta Lonegro

(Address) 2222 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 7, 1932

19. UNDERTAKER Frank R. Capitano

(Address) 2815 E. Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to July 4, 1932

I last saw her alive on July 4, 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease (?)	several years
Chronic Myocarditis	6 mo.

Other contributory causes of importance:

Pulmonary Edema	2 days.
General Dropsy	3 weeks.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George D. Tippy M. D.

(Address) 437 S Patterson Park Ave

M. D. B. 1268-9

81134 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81134

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 N. Fulton Ave 6-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian D. Shelley

(a) Residence: No. 649 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Saul E. Shelley

6. DATE OF BIRTH (month, day, year): July 7, 1886

7. AGE: Years 45 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

13. NAME: ? Davis.

14. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

15. MAIDEN NAME: Mary ? Balto.

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Saul E. Shelley
(Address) 649 N. Fulton Ave

18. BURIAL, CREMATION OR REMOVAL
Place: Woodlawn Cem. Date: July 6 1932

19. UNDERTAKER: John Pritchett Sons
(Address) Howard & Fawcus.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1932 to July 2nd 1932

I last saw her alive on July 2nd 1932. Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma originating in ovary

General Carcinomatosis & peritoneum

Other contributory causes of importance:

Pulmonary metastics

Date of onset: Feb 1932

Name of operation: Exploratory lap. Date of: 2/20/32

What test confirmed diagnosis? microscopic exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. E. Seegers, M. D.

(Address) 904 N. Charles St

31135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81135

CERTIFICATE OF DEATH

82-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 E. Chase St. St., 8-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George Sykes

(a) Residence: No. 1810 E Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia E Sykes

6. DATE OF BIRTH (month, day, year) Sept 12th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Motor Works

10. Date deceased last worked at this occupation (month and year) June 11 - 1931

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME David Sykes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Neels

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Julia E Sykes
(Address) 1810 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 6 1932

19. UNDERTAKER Wendell C. Humphreys
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to July 4, 1932
I last saw h... alive on July 4, 1932, death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	
a) Hemiplegia	6/16/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Sumner M. D.
7/4/32 (Address) Medical Arts Bldg

AACo. 5-31 250B

Maffei

81136 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81136

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 7-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Maffei

(a) Residence: No. 821 Pennsylvania Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER'S FATHER'S

13. NAME Do Not Know.

14. BIRTHPLACE (city or town) (State or country) Do Not Know.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 6/3 19

19. UNDERTAKER (Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4 32, 19

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to July 4, 1932.

I last saw him alive on July 4, 1932 death is said to have occurred on the date stated above, at 955A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	1915
Edema	about

Other contributory causes of importance:

Cachexia
Pleural Edema

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) St. Joseph Hosp.

M. D. B. 1268-9

E 81137 HEALTH DEPARTMENT—CITY OF BALTIMORE

262600

CERTIFICATE OF DEATH

159 E 81137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Bay Howe

(a) Residence: No. 1503 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	-

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) 6-30-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Rufus Howe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Med College Date July 6 ... 19 32

19. UNDERTAKER ...
(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 . 1932 to July 3 . 1932
I last saw ... alive on July 3 . 1932. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	6-30-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) John F. Washington M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81138 E 81138

CERTIFICATE OF DEATH

108

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Albert

(a) Residence: No. 1605 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Albert

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Female (Address) Provident Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Johnson cemetery Date July 7 1932

19. UNDERTAKER Edw. Rorjan (Address) 1631 Orleans St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-2-1932 to 7-4-1932

I last saw h. LR alive on 7-4 1932 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-1-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George W Donald, M. D.
7-6-32 (Address) Provident Hospital

AACo. 5-31 250B

E 81139 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81139

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Woodland Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 6 mos. 11 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hortense M. Kirkwood

(a) Residence: No. 3407 Woodland Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, ~~Married, Widowed,~~ or Divorced (write the Word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24 1844

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	87	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Philip Kirkwood

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Rosella Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles H. Fowler

(Address) 3407 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 8 1932

19. UNDERTAKER Jos Sockdens & Son

(Address) 521 S. Paca

20. FILED 1932 ... Registrar.

R.S.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19 1932 to July 5 1932

I last saw h alive on July 5 1932 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	June 19/32
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) John D. Dukert M. D.

(Address) 4754 Park Heights Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81140 — 93-E 81140

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 Elsrode Av 27-42 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Erdman

(a) Residence: No. 4614 Elsrode Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	X	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James M. Erdman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary J. Carlos

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James M. Erdman
(Address) 4614 Elsrode Av

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7-7 1932

19. UNDERTAKER Leonard J. Rusk
(Address) 5395 Harford Rd

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to July 4, 1932
I last saw him alive on July 4 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Other contributory causes of importance:	
Endocarditis +	
Myocarditis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. Smeak, M. D.
(Address) 426 N. Hospital Rd

7/5/32

M. D. H. 1268-9

81141 HEALTH DEPARTMENT—CITY OF BALTIMORE 81141

CERTIFICATE OF DEATH

181-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel ~~Matthews~~ Taylor (E.J. 7/21/32).

(a) Residence: No. 21 Monroe Ave St., Catonsville Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila, Pa.

FATHER

13. NAME Thomas Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pauline Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Matthews

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Star Date 7/7/32 19

19. UNDERTAKER Samuel J. Dedrick

(Address) 578 N. Biddle

FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns-face, & extremities.	7/3/32
Accidental death	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/3 19 32

Where did injury occur? 17 Monroe Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Place

Manner of injury Fire-works

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edgar Tilden M. D.

Coroner

(Address) 734 Eastern Ave

AACo. 5-31 250B

81142 HEALTH DEPARTMENT—CITY OF BALTIMORE 81142

CERTIFICATE OF DEATH

22-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Catherine & Caton Ave)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dollie West

(a) Residence: No. 1308 W. Saratoga St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harrison West

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Emory Blake
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary Hayman
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harrison West
(Address) 1308 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place MT Auburn Cem Date July 7, 1932

19. UNDERTAKER Samuel H Kemp
(Address) 522 Druid Hill Ave

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1932, to July 4th, 1932
I last saw her alive on July 4th, 1932 death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis - Strangulated Intestinal Obstruction	7-1-32

Other contributory causes of importance:

Toxemia of Pregnancy, Cardiac Failure -

Name of operation Exploratory Lap. Date of 7-2-32
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) R. T. Young, M. D.
(Address) St. Agnes Hosp

81143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81143

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Lafayette Ave St. 14 Ward) 20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Diggs Gallon

(a) Residence: No. 517 N. Lafeyette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	~~widow~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Gallon

6. DATE OF BIRTH (month, day, year) May 2/68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Piney Grove Balto. Co., Md.

MOTHER FATHER

13. NAME Henry Diggs

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Pearl Diggs
(Address) 517 N. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date July 7/32

19. UNDERTAKER Samuel I Hadley
(Address) 578 N Bradle

20. FILED July 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

Shock Hemorrhage from mouth
Probably pulmonary

Date of onset

Other contributory causes of importance:
History of hypertension etc.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John J Dawson Coroner, M. D.

(Address) 505 E Monument

M. D. E. 1268-9

81144 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81144

CERTIFICATE OF DEATH

92-001

28-63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Liberty Heights Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Schloegel

(a) Residence: No. 4308 Liberty Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0 2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME C. A. Schloegel

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Christina Fleckenstein

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Ellanora Schloegel
(Address) 4308 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 8, 1932

19. UNDERTAKER Peter Ulrich
(Address) 2008 Eutaw Pl

20. FILED July 8, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1919 to July 6, 1932

I last saw him alive on July 5, 1932 Death is said to have occurred on the date stated above, at 2.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1927
Chronic Valvular Heart Disease	Spring 1931
Myocardial Disease	Apr. 1932

Other contributory causes of importance:
Acute Cardiac Dilatation

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. W. Skeeing, M. D.

(Address) 1120 St. Paul St.

M. D. B. 1268-9

E 81145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81145

V 164-001

CERTIFICATE OF DEATH

Registered No. 27-42

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6618 Belford Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie E Mitchell

(a) Residence: No. 6618 Belford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~, ~~HUSBAND~~ of (or) WIFE of Wm Mitchell

6. DATE OF BIRTH (month, day, year) Apr 21 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Benjamin F Halliday

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia E Hardesty

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John B Halliday (Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL Place Hillsboro Annapolis Md Date July 8 1932

19. UNDERTAKER Wm Cook (Address) 327 St Paul St Huntingtown Baltimore, Md

20. FILED JY 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above at about 1 A. M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 6618 Belford Ave

Manner of injury Turned gas range in kitche

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1016 E Monument

Spec. 2-29-28—L. F. S.—500 Bks.

81146

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-00 E 81146

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Ramsay ST. 20-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Miller

(a) RESIDENCE NO. 1926 Ramsay ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Geo Miller

DATE OF BIRTH (month, day, and year) July 1st 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Charles Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Vetter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Charles Long

(Address) 1926 Ramsay St

Filed ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/32

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1930 to July 7, 1932

that I last saw h ~~er~~ alive on July 7, 1932

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia + Pulmonary Oedema 1 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension 2

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly, M. D.

7/7, 1932 (Address) 1027 N Wash

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL July 9th 1932

20 UNDERTAKER Charles W. Dill

ADDRESS 3109 Frederick Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81147

CERTIFICATE OF DEATH

E 81147

Registered No. V 45

1. PLACE OF DEATH Balto City Hospitals St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 28 yrs. 7 mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Hundon

(a) Residence: No. 1501 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Mary Hundon

6. DATE OF BIRTH (month, day, year): 11-30-1903

7. AGE — Years: 28 | Months: 7 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bell Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md-

13. NAME: Peter Hundon

14. BIRTHPLACE (city or town) (State or country): N.C-

15. MAIDEN NAME: Lulu Banestus

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: July 8, 1932

19. UNDERTAKER: Hasper & Hospital
(Address): 1001 Cons[illegible]

20. FILED: JUL 7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1932, to 7-5, 1932

I last saw him alive on 7-5, 1932 Death is said to have occurred on the date stated above, at 6:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Rt Mandible	3-1-31
Mandible	
Other contributory causes of importance:	
Secondary Hemorrhage	7-5-32

Name of operation: Biopsy of Growth Date of .....

What test confirmed diagnosis? C.F. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Luther B Leitch M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

E 31148 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 31148

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH: Baltimore City Hospital
CITY OF BALTIMORE: (No. Baltimore, Md St., 11-24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Annie Worthington

(a) Residence: No. 343 Canal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, year): ? 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Texas, Md.

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Record Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-7 19 32

19. UNDERTAKER: David Taylor
(Address) 916 Pa ave Baltimore, Md

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-3 . 1932 to 7-4 . 1932
I last saw her alive on 7-4 . 1932 Death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown
Other contributory causes of importance: Hypertension arteriosclerosis	Unknown

Name of operation: — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
7-5-32 (Signed) Elmer Bigelow M. D.
(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 81149

E 81149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34V

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St., 13 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Taylor

(a) Residence: No. 2423 Hudson Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Frances 1881

6. DATE OF BIRTH (month, day, year) June 26?

7. AGE — Years: 51 | Months: | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 40 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Culpepper Va

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Culpepper, Va

15. MAIDEN NAME Mary Finks

16. BIRTHPLACE (city or town) (State or country) Culpepper Va.

17. INFORMANT (Address) Balto City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date 7-7 1937

19. UNDERTAKER Hend Eastern (Address) 916 E Fayette ave.

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1937 to 7-5, 1937

I last saw him alive on 7-5, 1937 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortitis with aortic insufficiency	7-[illegible]

Other contributory causes of importance: arteriosclerosis & hypertension

Name of operation Surgical o Date of .....

What test confirmed diagnosis? Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7-5-37 (Signed) Elmer Leibegott M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 81150

81150 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Bank Street St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabel A. Bielat

(a) Residence: No. 2204 Bank Street St. Ward.
(Usual place of abode) (If non-resident give City or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~DAUGHTER OF~~ WIFE of Thomas L. Bielat

6. DATE OF BIRTH (month, day, year) May, 14th, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	I	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Thomas G. Lambdin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Bertha Getz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Thomas L. Bielat
(Address) 2204 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cemetery Date July 22 1932

19. UNDERTAKER George A. Webster
(Address) 725 S. Broadway

20. FILED July 22 1932 Hunting for Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to July 6 1932
I last saw h~~er~~ alive on July 6 1932. Death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Tuberculosis.	June 15
Other contributory causes of importance: Cardiac Exhaustion	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) William J. Peard M. D.

(Address) 881 W. Lanvale

A&Co. 5-31 250B

81151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31 E 81151

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Somerset St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lenora H. Lewis

(a) Residence: No. 434 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Lewis

6. DATE OF BIRTH (month, day, year) Nov 30 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Pennsylvania

MOTHER'S MAIDEN NAME

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Miss Laura Lee (friend)
(Address) 434 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date 7/8/32 19

19. UNDERTAKER Miss Sara L. Bowers
(Address) 1421 Pennsylvania Ave, Balto, Md.

20. FILED 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932 to July 4, 1932

I last saw h[illegible] alive on July 4, 1932 death is said to have occurred on the date stated above, at 10 43 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	1932
Chr. Myocarditis	1932
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Calvin Blue Compte, M. D.

(Address) 1113 N. Carrollton Ave

E 81152

M. D. R. 1265-9

81152 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald H. Stroterhoff

(a) Residence: No. Oak House St., ... Ward. Howard Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) 11/20/28

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Emil Stroterhoff

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Chelton Sutherland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Friends

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 8, 1932

19. UNDERTAKER ...

(Address) ...

20. FILED July 8, 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 6, 1932

I last saw him alive on July 6, 1932 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-3-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John H. Washington, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

81153 HEALTH DEPARTMENT—CITY OF BALTIMORE 81153

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals, 131 Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md St. 16-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Harris

(a) Residence: No. 938 S. Sarahamm St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced BUSBAND of (or) WIFE of Clarence Harris

7. DATE OF BIRTH (month, day, year) ? 1895

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME ? Cornish

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date July 10, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED 7-11-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-3-1932 to 7-6-1932

I last saw h[illegible] alive on 7-6-1932 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia acute	[illegible]
Other contributory causes of importance: Cardiovascular renal disease	[illegible]

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

7-6-32 (Signed) Oliver Highbarger M. D.
(Address) Baltimore City Hospitals

M. D. R. 1268-9

Maria E Seal

E 81154

81154 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 N. Calvert St. 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria E. Seal

(a) Residence: No. 2421 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. R. Seal

6. DATE OF BIRTH (month, day, year) Oct. 8, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry L. Rendell

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Penelope Sheild

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT G. Murray Seal

(Address) 107 Goodale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Date July 8, 1932

19. UNDERTAKER John A. Mitchell & Son

(Address) 1300 Eutaw Place

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1932, to 7-6, 1932

I last saw her alive on 7-2, 1932. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEMORRHAGE	5-8-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Donaldson, M. D.

(Address) 11 29 St Paul St

M. D. H. 1268-9

1155 HEALTH DEPARTMENT—CITY OF BALTIMORE 84155

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Lanvale Ave St., 20-64 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Magill Collins

(a) Residence: No. 2539 Lanvale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE Esther B. Collins

7. DATE OF BIRTH (month, day, year) March 11. 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tide Water Oil Co

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Baltimore Md 1116

13. NAME James H. Collins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Hoffman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Esther B. Collins

(Address) 2539 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/10 19 32

19. UNDERTAKER H. M. Fisk & Son

(Address) 1219 E. Fayette St

20. FILED 1932 19 H. M. F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to July 5 1932

I last saw him alive on July 5 1932 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio Sclerosis Myocardial Degeneration	about 10 years. 6 months.
Other contributory causes of importance:	
Residual Paralysis due to Hemiplegia in 1930.	1930.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Unsigned M. D.

(Address) 2401 Edmondson Ave

1-30—M. & T.—100 B—50L

81156

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-081

E 81156

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 N. Pulaski ST. 20-6 WARD)

2-FULL NAME Eugene J Kime Sr.

(a) RESIDENCE NO 28 N. Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Kime

6 DATE OF BIRTH (month, day, and year) Jan. 31 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John J. Kime

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary Mrs Kime

(Address) 28 N. Pulaski St

15 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) Guy H. Cromwell, M. D. Coroner

7/6 1932 (Address) 203 Patapsco Ave. Brooklyn

[a]State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetary

DATE OF BURIAL 7/8/1932

20 UNDERTAKER Wm Cook 1217 St Paul ADDRESS

Spec.—9-30—A. & Co.—250 Bks

81157 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81157

CERTIFICATE OF DEATH

REGISTERED NO. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Constance Stocker

(a) RESIDENCE NO. 1010 Central Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 39 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of John Stocker

6 DATE OF BIRTH (month, day, and year) Mar 3rd 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	4	✓ 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Kollestch

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Jessie (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant John Stocker (Address) 1010 N. Central ave

15 Filed ~~-1932~~ Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7th 1932

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to July 7, 1932

That I last saw her alive on July 7, 1932

and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Head of Pancreas

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Purpura

(duration) yrs. mos 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Vernon H Goodwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 7/8/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

E 81158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81158

CERTIFICATE OF DEATH

REGISTERED NO. 164-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 2665 Wilkens Ave. (WARD) 20-72

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Blumenauer

(a) RESIDENCE NO. 2665 Wilkens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis N. Blumenauer

6 DATE OF BIRTH (month, day, and year) Nov. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER David Baukert

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose A. Mulligan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant James Airey
(Address) 2665 Wilkens Ave.

15 Filed [illegible] 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide by Illuminating Gas—Gas Jet.

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes, Mutual Insured. (duration) ? yrs. ? mos. ds.

Where was disease contracted if not at place of death? Irresponsible

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy N. Bromwell, M. D. Coroner

7/8 1932 (Address) 123 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 7/8 1932

20 UNDERTAKER [illegible] ADDRESS 1300 Eutaw Place

Spec.—1-12-23—M&T—500 Blks.

E 81159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81159

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 852 E 37 St ST. 13-52 WARD)

2-FULL NAME Mary E. Fogle

(a) RESIDENCE NO. 852 E 37 St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas C Fogle

6 DATE OF BIRTH (month, day, and year) Mar 11 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Harpers Ferry
(State or country) W Va

PARENTS

10 NAME OF FATHER Chas Smith

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bush

13 BIRTHPLACE OF MOTHER (city or town) Germantown Md
(State or country)

14 Informant Mary Fogle
(Address) 852 E 37 St

15 Filed 7-6-1932, 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1932

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 6, 1932,

that I last saw h[illegible] alive on July 6, 1932,

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Myocarditis

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) C. L. Fridenberg, M. D.

..., 19 3 (Address) 852 E 37 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral | DATE OF BURIAL July 8 1932

20 UNDERTAKER R. S. Marshall | ADDRESS 2539 Fallsway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81160 (2626) 121 E 31160

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... S. 14-20 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James King

(a) Residence: No. 1525 McCulloughs St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/12/11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Fred King

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Augusta Tucker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 5 1932

19. UNDERTAKER C. G. Brooks
(Address) 1463 N. Carey St

20. FILED JUL 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 5, 1932

I last saw him alive on July 5, 1932 Death is said to have occurred on the date stated above, at 9.60 P m.

The principal cause of death and related causes of importance were as follows:

1 Peritonitis, following Ruptured Appendix — Date of onset July 1932

Other contributory causes of importance:

Name of operation Appendectomy Date of July 3 '32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. H. Trimble, M. D.

(Address) J. H. H.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81161

81161

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Hamilton Ave. ST. 27-43 WARD)

2-FULL NAME Mr. Evelyn Layfield

(a) RESIDENCE NO. 2816 Hamilton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S., if of foreign birth? ...yrs. ...mos. ...ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April 9-1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	2	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Wm E. Layfield

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Clara B. Strong

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Mrs. Thomas M. Marks

(Address) 2816 Hamilton Ave

Filed ... 19... Registrar ... Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7-1932

17 I HEREBY CERTIFY, That I attended deceased from ..., 19 28 to 7/7, 19 32

that I last saw h. alive on 7/7, 19 32

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis miliary - duration 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis (duration) ... yrs. ... mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ... M. D.

7/7, 1932 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL July 9th 1932

20 UNDERTAKER Josiah Effer ADDRESS 1400 N. North Ave

1-30—M. & T.—100 B—50L

81162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81162

CERTIFICATE OF DEATH

REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Clinton St ST., 7-13 WARD)

2-FULL NAME Richard E Rollins

(a) RESIDENCE NO. 1039 Rutland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O & O
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Horace Rollins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania Pa

12 MAIDEN NAME OF MOTHER Charlotte Washington

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dolls City

14 Informant Howard M Rollins

(Address) 929 N Fallas st

15 Filed July 8 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. Mort (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Foot of Clinton St

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Ext

(Signed) C O Herzog M D, Coroner

7/8 1932 (Address) 1305 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury

DATE OF BURIAL July 8 1932

20 UNDERTAKER John W Henderson

ADDRESS 1502 Edmonment

C-1032

M. D. R. 1268-9

E 81163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81163

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Mc.Kewin Ave. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Annie M. Brockbank

(a) Residence: No. 607 Mc. Kewin Ave. St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Robert J. Brockbank

6. DATE OF BIRTH (month, day, year) Oct. 5th. 186[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOuse Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Caleb B. Hamilton

14. BIRTHPLACE (city or town) Baltimore (State or country) Co.

MOTHER

15. MAIDEN NAME Annie M. Hamilton

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Virginia R. Brockbank

(Address) 607 Mc. Kewin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 9 1932

19. UNDERTAKER Tilby & Zeiler Inc.

(Address) 413 E. Preble St.

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3 1932 to July 6 1932

last saw h[illegible] alive on July 6 1932 Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

Hypertrophied Enlarged heart. — Date of onset: do not Know

Other contributory causes of importance: Home Long Knowledge.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. H. Costelloe M. D.

(Address) 335 E 31st St

Rec.—2-29-28—L. F. S.—500 Bks.

81164

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81164

CERTIFICATE OF DEATH

45

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Major Burrow

(a) RESIDENCE NO. 1723 Grant ST., WARD C

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Burrow

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Fauquier Co. Virginia

10 NAME OF FATHER Robert Burrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Hospital Records

(Address)

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5-32

17 I HEREBY CERTIFY, That I attended deceased from 6-29, 1932, to 7-5, 1932, that I last saw h[illegible] alive on 7-5-32, 1932 and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Maxilla

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 7-5-32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL July 8 1932

20 UNDERTAKER Archibald A. Gaddis

ADDRESS 1840 Mc Culloh St

M. D. B. 1268-9

✓ E 81165

81165 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Carrollton Ave. St. 16-23 Ward.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beulah Myers

(a) Residence: No. 822 N Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alex Tobody

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa Stewart
(Address) 822 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 8 1932

19. UNDERTAKER James F. Fielder
(Address) 718 N Eutaw

20. FILED July 19 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to July 6 1932

I last saw h[illegible] alive on July 6 1932 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardi-	?
tis	

Other contributory causes of importance:

Arterio-sclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? July 4 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J. Healey M. D.

(Address) 1230 Druid Hill Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81166 E 81166

CERTIFICATE OF DEATH

157-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Orchard St. 11-24 Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Chatmon

(a) Residence: No. 436 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Blk	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3 1932

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
			4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Chatmon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elsie Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George Chatmon
(Address) 436 Orchard St

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Mt Auburn Cem Date 7/9 1932

19. UNDERTAKER S. Hasly
(Address) 578 Park St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 7, 1932

I last saw h[illegible] alive on July 6, 1932 death is said to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Congenital atresia small intestines)	7/3/32

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Autopsy was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Lambert Rogers Grant, M. D.

(Address) Univ. Hosp.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81167 ✓ E 81167

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Balto. City Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Washington

(a) Residence: No. 417 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Unknown

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	(?) 52	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ? Date 7/9 1932

19. UNDERTAKER Samuel T. Hemsley
(Address) 578 W. Biddle St.

20. FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-3 1932 to 7-5 1932

I last saw him alive on 7-5 1932 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strictures Urethra	?
Acute Retention	7-2-32
Arteria-Sclerotic Cardio-Vascular renal disease	?
Other contributory causes of importance: Uremia	7-3-32

Name of operation No Date of —

What test confirmed diagnosis? CF Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Luther E. Leake M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

81168

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81168

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-25 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hughes

(a) Residence: No. 614 W. Fairmount ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 12, 1890??

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 (?)	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08T

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Hughes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maggie Blundy

16. BIRTHPLACE (city or town) (State or country) Virginia ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 7/9 1932

19. UNDERTAKER Samuel T. Hensley

(Address) 528 N. Carrollton Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932 to July 5 1932

I last saw him alive on July 5 1932 Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	4-15-32
Other contributory causes of importance:	
Pulmonary Hemorrhage	7-5-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence A. Sena M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

E 81169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81169

CERTIFICATE OF DEATH

92-001

Registered No. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2571 Mc Culloh St. (Ward) 13

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida V. Coles

(a) Residence: No. 2571 Mc Culloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Stephen Coles

7. DATE OF BIRTH (month, day, year): July 2 1878

8. AGE: Years 54; Months; Days 30; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Henry Cesar

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary E. Murdock

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Leroy Coles

(Address) 2571 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL

Place: Ft. Auburn Date 7/9 19 32

19. UNDERTAKER: Sam'l Feuerlicht

(Address) 648 N Bradford

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to July 5 19 32

I last saw h alive on June 30 1932 Death is said to have occurred on the date stated above, at 1030

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease

Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

(Accident, suicide, or homicide?) Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. N Deane M. D.

(Address) 2105 Charles St

M. D. P. 1-1-31

81170

E 81170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., W. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Bolnet

(a) Residence: No. 858 W. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Michael Bolnet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva —?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 9, 1932

19. UNDERTAKER Philip Herring & Co
(Address) 2016 Eutaw St.

20. FILED 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-32

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1931 to 7-6, 1932

I last saw him alive on 7-6, 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx with Regional Metastases —	4-1-31
Other contributory causes of importance:	
Bronchopneumonia	7-4-32

Name of operation Laryngotomy Date of 10-4-31

What test confirmed diagnosis? Cl Was there an autopsy? Yes —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Luther E. Leale M. D.

(Address) Balto City Hospitals

E 81171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. Luzerne St., 7-10 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Mc. Cusker

(a) Residence: No. 615 N. Luzerne St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mc. Cusker

7. DATE OF BIRTH (month, day, year) Nov. 12/1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Philip Mc. Cusker

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Winifred Grant

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Carrie Mc. Cusker
(Address) 615 N. Luzerne

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 9. 1932

19. UNDERTAKER J. J. Kerr
(Address) 156 N. Luzerne

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931, to July 6th. 1932

I last saw him alive on July 6th 1932, death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of Age.	6-1-31
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Thos. H. Magnes, M. D.

(Address) 14. E. Read St

2689

. D. B. 1268-9

81172 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81172

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 S. Boulden St. 26-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie Faber

(a) Residence: No. 1001 S. Boulden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris

7. DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Rubin Schell

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Morris Faber
(Address) 1001

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date July 10, 1932

19. UNDERTAKER Sol. Pincus & Bro
(Address) 1121 E. Balto. St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 8, 1932

I last saw her alive on July 7, 1932. Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/7/32

Other contributory causes of importance:

Hypertension, arteriosclerosis (general)	unknown

Name of operation None Date of None

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Joseph A. Rosenblatt, M. D.

(Address) 3018 Donnell St., Balto, Md.

A&Co. 5-31 250B

E 81173

173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 2200 Ward) 99

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas Donohue

(a) Residence: No. 71 N. Monastery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A. Donohue

7. DATE OF BIRTH (month, day, year) Aug 21 1867

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Patrick J Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas J. Donohue
(Address) 300 N Holland St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 7/9 1932

19. UNDERTAKER John A. Morgan
(Address) 3000 E Baltimore

20. FILED ....., 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/5, 1932, to 7/6, 1932
I last saw him alive on 7/6, 1932 death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7/5/32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bernard W. Donohue M. D.
(Address) Bon Secours Hosp.

1-30—M. & T.—100 B—50L

81174

E 81174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-002

REGISTERED NO. 25-72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Shultz

(a) RESIDENCE NO. St. Mary's Industrial School ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13th 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Warren Shultz

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Kapp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Warren Shultz
(Address) 5024 Palmer Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ether Asphyxiation Following Tonsillectomy — Accidental
(duration) yrs. a few minutes mos. ds.

CONTRIBUTORY (Secondary) Nothing else known
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/6/32

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. (Coroner)

7/8, 1932 (Address) 205 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL July 9th 1932

20 UNDERTAKER Chas. F. Crane & Son ADDRESS 1181 W. Baltimore St.

H. D. B. 1266-9

1175 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81175

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Baltimore, Md St., 15-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Power
(a) Residence: No. 5344 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race White — 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clocksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clocks
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland
For Deposit

13. NAME John —
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Bridget Walsh
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Record Baltimore City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Catedral Cem July 9th 32
19. UNDERTAKER Chas Teague & Son
(Address) 1810 N. Mitchell Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-11 1931 to 7-8 1932
I last saw him alive on 7-6 1932 Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-93
Other contributory causes of importance: Hypostasis Lgt	6-1031
Hemorrhage into cerebrum right lobe	6-1031

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
7-8 32 (Signed) Chas H. Mitchell M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 81176 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81176

CERTIFICATE OF DEATH

1195

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2910 Parkwood St. 13th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Ribyat

(a) Residence: No. 2910 Parkwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	N	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-8-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Isaac Ribyat

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Sarah Isaac

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jack Louis Levy

(Address) 1439 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Rd Date 7-8-32

19. UNDERTAKER Jack Louis Levy

(Address) 1439 E. Balto St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to July 7, 1932

I last saw him alive on July 7, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-~~ata~~ Enteritis	

Other contributory causes of importance:

Coryza

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidore D. Levy M. D.

(Address) 2324 Eutaw Place

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

81177

CERTIFICATE OF DEATH

46 E 81177

REGISTERED NO.

1—PLACE OF DEATH: Maryland General Hospital

CITY OF BALTIMORE: (No.) Linden Ave. Mad. St. WARD 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Elizabeth J. Carey

(a) RESIDENCE NO. 1841 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Thomas J. Carey

DATE OF BIRTH (month, day, and year) Sept. 21, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Charles O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Hospital Records

(Address)

Filed ..., 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7-1932

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1932, to July 7-, 1932, that I last saw her alive on July 7, 1932 and that death occurred, on the date stated above, at 9:55 A m.

The CAUSE OF DEATH* was as follows:

(1) Carcinoma of Pancreas

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of June 22-1932

Was there an autopsy? not

What test confirmed diagnosis? Clinical

(Signed) Colvert V. Chenowith, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: July 11 1932

20 UNDERTAKER: Leonard J. Rudk — ADDRESS 5305 Harford Rd.

M. D. B. 1268-9

31178 HEALTH DEPARTMENT—CITY OF BALTIMORE 31178

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Rd St. 96-27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Murray

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Mem't Date 7/8 1932

19. UNDERTAKER J. J. Fridinger & Son
(Address) 1314 Eight st

20. FILED , 19 R.B.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-30-1932 to 7-7-1932

I last saw h[illegible] alive on 7-7-1932 Death is said to have occurred on the date stated above, at 7:35 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	20-3-30

Other **contributory causes** of importance: acute myocardial infarction 20-3-30

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

7-7-32 Edwin Hinkley M. D.
(Signed)
(Address) Baltimore City Hospitals

AACo. 5-31 250B

81179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81179

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1619 Montpelier St. 9-46 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred L. Ward

(a) Residence: No. 1620 Montpelier St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edgar A. Ward

7. DATE OF BIRTH (month, day, year) Dec. 12 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Warsaw
(State or country) Va.

13. NAME James L. Lowery

14. BIRTHPLACE (city or town) ...
(State or country) Virginia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) ...
(State or country) Not known

17. INFORMANT Miss Mildred Alexander
(Address) 1620 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL
Place Warsaw, Va. Date July 10 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to July 6, 1932
I last saw h[illegible] alive on July 6, 1932 death is said to have occurred on the date stated above, at 3-35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Indef.
Other contributory causes of importance:	
Acute dilatation of heart	7/5/32

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

7/7/32 (Signed) R. L. Campbell, M. D.
(Address) 1622 Hanover St

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

81180

131 E 81180

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1109 N. Fulton Ave ST.) (WARD)

2—FULL NAME Joseph E. Althoff.

(a) RESIDENCE NO. 1109 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 12 yrs. ✓ mos. ✓ ds. How long in U. S., if foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anne E Althoff.

DATE OF BIRTH (month, day, and year) Mch 13-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3.	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Littlestown Adams Co. Pa.

10 NAME OF FATHER Jacob Althoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Annie Goulden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

Informant Anna E. Althoff

(Address) 1109 N. Fulton Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7-1932

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 7, 1932, that I last saw h ~~im~~alive on July 5, 1932 and that death occurred, on the date stated above, at 7.40 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic.

(duration) ✓ yrs. 1 mos. ✓ ds.

CONTRIBUTORY (Secondary) Uremia (duration) ✓ yrs. ✓ mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Methods

(Signed) George E. Shannon, M. D.

7/7, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taneytown Md — DATE OF BURIAL 7/9 1932

20 UNDERTAKER George A Fahey — ADDRESS Fulton & Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1181 E 81181

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 1729 N Carey
CITY OF BALTIMORE: (No.) Balto Md St. 15-21 Ward)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James Frank Barnes

(a) Residence: No. 1729 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

7. DATE OF BIRTH (month, day, year) [redacted]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1879	June	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Oxford Md

13. NAME Spencer Barnes

14. BIRTHPLACE (city or town) (State or country) Oxford Md

15. MAIDEN NAME Catherine Gibson

16. BIRTHPLACE (city or town) (State or country) Oxford Md

17. INFORMANT Pauline R Johns
(Address) 1729 N Carey

18. BURIAL, CREMATION, OR REMOVAL.
Place Oxford Md Date 7 1932

19. UNDERTAKER Samuel D Hutchins Co
(Address) 578 N Eutaw St

20. FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to July 7 1932
I last saw h alive on 7-7 1932 Death is said to have occurred on the date stated above, at 6:a M

The principal cause of death and related causes of importance were as follows:

Chron. Nephritis, Arterio sclerosis, Uremic Coma — Date of onset 1931

Other contributory causes of importance:

Scrotal Hernia 1 yr duration

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W R Boykin, M. D.
(Address) 1512 Eutaw

H. D. B. 1268-9

81182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 81182

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 4-27 Ward)

Length of residence in city or town where death occurred 27yrs not known yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Anderson

(a) Residence: No. 1400 Lexington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) August 6, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 74

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Peter Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Mary Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mary E. Forestal

(Address) 1400 N. Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 9 19 32

19. UNDERTAKER George J. Smyth

(Address) 1632 Hollins St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28 1932 to July 8 1932

I last saw him alive on July 8 1932 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Metastasis to Liver	
Intraperitoneal hemorrhage from metastases in liver	7/7

Other contributory causes of importance: Chronic nephritis

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John S. Fowler, M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81183

CERTIFICATE OF DEATH

E 81183

8-17 92-007

Registered No. ...

(If death occurred in a hospital or institution give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N. Regester Street, Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunegunda Margaret Schork

(a) Residence: No. 1618 N. Regester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antone Schork

6. DATE OF BIRTH (month, day, year) Jan. 2, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Valentine Baum

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Kunegunda Straus

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Antone Schork
(Address) 1618 N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 9, 193

19. UNDERTAKER George [illegible] with -ac
(Address) 1755 Harford Ave. Corner

20. FILED ..., 19... R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1932 to July 7, 1932

I last saw her alive on July 4, 1932. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Aortic Regurgitation	1929

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.

(Address) 1613 E. Monument

M. D. B. 1268-9

81184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81184

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lineau Aged Home St. 90-27 Ward)

Length of residence in city or town where death occurred 1 yr. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emil A Schaefer

(a) Residence: No. Lineau Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 14 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Emil Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Reif

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Lineau Aged Home
(Address) Balt & Payson Sts

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Cem Date July 9 1932

19. UNDERTAKER Joseph D Cook
(Address) 1031 E Baltimore Street

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/17 1932 to July 7 1932

I last saw h alive on July 7 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza	1931

Other contributory causes of importance:

Name of operation no Date of no

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

7/8/32 (Signed) Wells Hammup M. D.

(Address) 2000 Hollins

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

81185

CERTIFICATE OF DEATH

131 E 81185

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Penrose, Ave. St. 20-17 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie A. McCann

(a) Residence: No. 1830 Penrose, Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. McCann

DATE OF BIRTH (month, day, year) Oct. 12, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ~~48~~	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Edward Mullen

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Martha Kilpatrick

16. BIRTHPLACE (city or town) Winchester
(State or country) Va.

17. INFORMANT John W. McCann
(Address) 1830 Penrose, Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/11 1932

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to July 7, 1932
last saw h. alive on July 6, 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1931
Chronic Nephritis.	1930

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) H. Holland Keech, M. D.
(Address) 2502 Calvert Hgts

H. D. B. 1268-9

81186

HEALTH DEPARTMENT—CITY OF BALTIMORE

81186

E 81186

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-49 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss. Sallie Haughay

(a) Residence: No. Belair, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 5 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	62	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private-home

10. Date deceased last worked at this occupation (month and year) 6/30/32

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Belair, Md.
(State or country)

13. NAME Hugh Haughay

14. BIRTHPLACE (city or town) Harford Co Md
(State or country)

15. MAIDEN NAME Margaret Pratt

16. BIRTHPLACE (city or town) California
(State or country)

17. INFORMANT Mrs. W. B. Harwood

(Address) Belair, Md

18. BURIAL, CREMATION OR REMOVAL

Place Hickory Md Date July 11. 1932

19. UNDERTAKER Dawson & Slater

(Address) Bel Air Md

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/32 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/30/32 . 1932 to 7/8/32 . 19.....

I last saw her alive on 7/8/32 . 1932. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary,	
Carcinomatosis of peritoneum	11/1/31
Myocardial Degen 9 terminal heart failure	

Other contributory causes of importance:

Name of operation Curretage Date of 7/8/32

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John S. Fowler M. D.

(Address) Union Memorial Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81187

CERTIFICATE OF DEATH

E 81187

54-004

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Harward

(a) Residence: No. 1009 S. Blvd St., Ward. Lakeland - Fla. -

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME Guy Harward

14. BIRTHPLACE (city or town) (State or country) Tenn -

15. MAIDEN NAME Blanch Bolmer

16. BIRTHPLACE (city or town) (State or country) Ga -

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Lakeland Fla Date July 9" 1932

19. UNDERTAKER Joseph B. Cook

(Address) 1003 N. Boulevard

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to July 8 1932

That I last saw her alive on July 8 1932 Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor -	
Osteoma skull	June 1929
non malig nant.	

Other contributory causes of importance:

Name of operation Rt Cranio Tomy Date of 7-8-32

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Freddy Reid M. D.

(Address) Johns Hopkins Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81188

CERTIFICATE OF DEATH

210 E 81188

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 18 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Leach

(a) Residence: No. 1023 W Lexington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 16, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Tasco Evans

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eva Leach

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Eva Leach
(Address) 1023 W Lexington St

BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date July 9, 1932

UNDERTAKER Mrs Tate R. Williams
(Address) 522 N. Schroeder St.

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to July 5, 1932

I last saw h alive on July 5, 1932 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull Lacerated Brain	7/5/32
Other contributory causes of Importance: Struck by automobile	7/5/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/5, 1932
Where did injury occur? In front of 1023 W Lexington St (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while
Nature of injury crossing Lexington St

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tokarz M. D.
(Address) 2200 E Madison St

H. D. B. 1268-9

81189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 81189

1. PLACE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 862 Pierce St. 18-26 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Abram W. Lyles

(a) Residence: No. 862 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanch Lyles

DATE OF BIRTH (month, day, year) Nov 26-1891

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	40	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Lyles

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eliza Forman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. B. Lyles

(Address) 862 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Montgomery Co. Md. Date July 10, 1932

19. UNDERTAKER Mrs. Katie R Williams

(Address) 332 N. Schroeder St.

20. FILED ___ 19___ ROH. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___ to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? If so, specify ___

(Signed) Eugene Feller Coroner, M. D.

7/8/32 (Address) 2739 Eastern Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1190 E 31190

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1134 Druid Hill St., 19-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Osborn C. Carroll

(a) Residence: No. 1134 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Apr 15-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw, mill, bank, etc. 075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Chas H. Carroll

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME OF MOTHER Miranda V Bowers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence Snowden

(Address) 1134 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/9 1932

19. UNDERTAKER Archibald A. Haddis

(Address) 1140 Eutaw Pl

FILED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Asphyxiation by Illuminating Gas	
Contributory	Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury, 1932

Where did injury occur? 1134 Druid Hill (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Quick Coroner M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81191

CERTIFICATE OF DEATH

E 81191

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1335 N. Carey St. 15-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roscher Rice

(a) Residence: No. 1335 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): Sept 21-1906

AGE	Years	Months	Days	If LESS than 1 day, hrs.	min.
	25	9	16		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Wm R. Rice

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Ursella Weber

16. BIRTHPLACE (city or town) (State or country): West Indies

INFORMANT: Wm R. Rice

(Address): 1335 N. Carey

BURIAL, CREMATION, OR REMOVAL

Place: Date 7/9 19 32

UNDERTAKER: Joseph A. Gaddis

(Address): 1810-12 E. Baltimore St.

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9th 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 19 to July 19

I last saw h alive on July 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide Asphyxiated Illuminating Gas Sudden

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner M. D.

(Address)

D. B. 1268-9

81192 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 E 81192

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. 16-34 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Day

(a) Residence: No. 1013 N. Mount St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Frank

DATE OF BIRTH (month, day, year) Jan 17- 84

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va Fluvanna Co

13. NAME Mrs Wm Bell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie Bell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Balto City Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 7-10 1932

19. UNDERTAKER Sam'l W. Chase & Son
(Address) 638 N. Gilmor

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1932 to 7-7 1932

I last saw h. alive on 7-7 1932 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia acute	7-5-32

Other contributory causes of importance:

Cardiac Collapse	Antemortem
Diabetes	
Hypertension	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7-9-32 (Signed) Elmer Hoffheimer M. D.

(Address) Balto City Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81193 81193

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hospital
CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. 2 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Marie Sims

(a) Residence: No. 1321 Mount Royal Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. James L. Sims

DATE OF BIRTH (month, day, year) Sept 20 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Alabama
(State or country)

13. NAME A. B. Carlisle
14. BIRTHPLACE (city or town) Clayton, Ala.
(State or country)
15. MAIDEN NAME Mary Parrish
16. BIRTHPLACE (city or town) Clayton, Ala.
(State or country)

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Montgomery Date July 10 1932

19. UNDERTAKER John D. Waechter Sons
(Address) 1906 Eutaw Place

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 8, 1932
I last saw her alive on July 8, 1932 death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure with acute cardiac dilatation	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Marvin C. Johnson, M. D.
(Address) Woman's Hospital

M. D. B. 1268-9

E 81194 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81194

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-22 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irma Kenner

(a) Residence: No. 1133 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Apr 21-1911

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Irma Kenner

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Amanda Conway

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Northumberland Co Va Date July 11 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29 1932 to July 8 1932

I last saw her alive on July 8 1932 Death is said to have occurred on the date stated above, at 9.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, peritoneum, lungs, meninges	March 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81195

81195

CERTIFICATE OF DEATH

1085

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 19-27 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Vaughn

(a) Residence: No. 204 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 12/31

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Vaughn

14. BIRTHPLACE (city or town) (State or country) Missingburg, N.C.

MOTHER

15. MAIDEN NAME Mabel Riley

16. BIRTHPLACE (city or town) (State or country) Missingburg N.C.

17. INFORMANT John Vaughn
(Address) 204 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 19 1932

19. UNDERTAKER Chas. H. Cooper & Co.
(Address) 5 W. Saratoga St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at 10.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Meningitis (Pneumococic	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 505 E. Fayette

Cor.—10-10-29—A Co.—100 Blks.

E 31196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31196

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No.) 926 N. Patterson Park Ave (Ward) 7-12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances P. Clautice

(a) RESIDENCE NO. 926 N Patterson Park Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. E. Clautice

6 DATE OF BIRTH (month, day, and year) Aug 12 - 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	64	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Leo J. Clautice

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Lewis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mary E. Clautice
(Address) 926 N. Patterson Park Ave

15 Filed 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D.

July 8 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 11 1932

20 UNDERTAKER Chas. H. Grave & Son ADDRESS 1130 Mt Royal Ave

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

81197

CERTIFICATE OF DEATH

1594 E 81197

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hackett

(a) Residence: No. 1545 Mount St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day 19 hrs. or 23 min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Robert Burns Johnson

14. BIRTHPLACE (city or town) Richmond Co.
(State or country) Va.

15. MAIDEN NAME Catherine Elizabeth Hackett

16. BIRTHPLACE (city or town) West Moreland Co.
(State or country) Va.

17. INFORMANT Mrs. Catherine Hackett
(Address) 1515 Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date JUL 8 - 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1932, to July 7th, 1932
last saw him alive on July 6th, 1932 death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Abortion. (2 7/12 Mos)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical ... there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Univ. Hosp.

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81198

CERTIFICATE OF DEATH

V 161 E 81198

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 4-32 W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Allen

(a) Residence: No. E Elicott City, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 70 min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Webster Allen

14. BIRTHPLACE (city or town) (State or country) Woodbine Md.

15. MAIDEN NAME Minnie Mildred Carrie

16. BIRTHPLACE (city or town) (State or country) Warren Co. Virginia

17. INFORMANT Mrs. Minnie Mildred Allen

(Address) E Elicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Md. Date July 8 1932

19. UNDERTAKER ... Health.

(Address)

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th. 1932 to July 7th. 1932

I last saw her alive on July 6th 1932 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida and Congenital defect	

Other contributory causes of importance:

Atrophied heart disease	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thomas H. Douglass M. D.

(Address) Univ. Hosp

AdCo. 5-31 250B

81199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81199

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hosp (St.) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Sadie (2)

(a) Residence: No. 2313 Pulaski St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 7-7-32

8. AGE Years | Months | Days | If LESS than 1 day hrs. or min. 2 hrs 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Osade Sadie

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Francy Pres

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mount Olivet Date July 8, 1932

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-32 19

22. I HEREBY CERTIFY, That I attended deceased from 7-7-32, 19..., to 7-7-32 19...

I last saw h... alive on 7-7-32 ... death is said to have occurred on the date stated above, at 3.30 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumaturia	
Hydramnios	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) P. Philip Lerner, M. D.

(Address) West Baltimore General Hospital

A&Co. 5-31 250B

1200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81200

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Jase Hospt St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Sodie (1)

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): —

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 7-7-32

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME Isaac Sodie

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Frances Press

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19 32

19. UNDERTAKER
(Address)

20. FILED 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7, 7, 32 19

22. I HEREBY CERTIFY, That I attended deceased from 7-7-32, 19..., to 7-7-32, 19...

I last saw h. in alive on 7-7 19 32 death is said to have occurred on the date stated above, at 1.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Hydramnios	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip F Lerner, M. D.

(Address) West Baltimore General Hospital

1-30—M. & T.—100 B—50L

E 81201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 ✓

E 81201

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 E Pratt ST., 26-2 WARD)

2-FULL NAME Doris Jeanette Robinette

(a) RESIDENCE NO 3301 E Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER ~~Joseph~~ Robinette

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Cornelia Melon

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Cornelia Robinette
(Address) 3301 E Pratt St

15 Filed ..... 1932 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(duration) ..... yrs. ..... mns ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) B. F. Warring M. D. Coroner

, 19 (Address) 130 E Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL July 9 1932

20 UNDERTAKER F. A. Krause Son — ADDRESS 705 Hanover St

...c.—2-29-28—L. F. S.—500 Bks.

81202

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 81202

CERTIFICATE OF DEATH

REGISTERED NO. 8417

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST., E. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter L. Clements

(a) RESIDENCE NO. 1511 N. Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Jones Clements

DATE OF BIRTH (month, day, and year) Nov. 17, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator, formerly. 009

(b) General nature of industry, business, or establishment in which employed (or employer) Institutions.

(c) Name of employer Md. Gen. Hospital

BIRTHPLACE (city or town) Oella
(State or country) Balto. County, Md.

10 NAME OF FATHER Walter Clements

11 BIRTHPLACE OF FATHER (city or town) Oella
(State or country) Balto. County, Md.

12 MAIDEN NAME OF MOTHER Emily Jones

13 BIRTHPLACE OF MOTHER (city or town) Oella
(State or country) Balto. County Md.

Informant Carroll Clements

(Address) Oella md.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from 6-29, 1932, to 7-9, 1932,

that I last saw him alive on July 8, 1932

and that death occurred, on the date stated above, at 3 25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation + Lobular Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Robert L. Clements, M. D.

19 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oella Cem — DATE OF BURIAL July 11 1932

20 UNDERTAKER Easton Son — ADDRESS Ellicott City

1-30—M. & T.—100 B—50L

81203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81203

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) St. Agnes Hospital ST. 25-72 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Rebel

(a) RESIDENCE NO. Ellicott City, R.F.D. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Rebel

6 DATE OF BIRTH (month, day, and year) Dec 30, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	61	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Stansbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George Rebel

(Address) Ellicott City, R.F.D.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Purulent Peritonitis

Intestinal Obstruction (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Not

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

7/8, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem Cemetery DATE OF BURIAL July 11 1932

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81204 / 131 E 81204

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Port St. St., 7-10 Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Redhead

(a) Residence: No. 602 N. Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Redhead

DATE OF BIRTH (month, day, year) March 30, 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cake Mixer 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Biscuit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Redhead

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Annie Redhead
(Address) 602 N. Port St.

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date July 11, 1932

UNDERTAKER Wm. T. Wilkerson
(Address) 2334 Jefferson St., N. W.

FILED July 12, 1932 RHT Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to July 7, 1932
I last saw h... alive on July 6, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Intussusception	6 Days

Other contributory causes of importance:

Pulmonary Edema	2 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Flexner M. D.

(Address) 413 Washington

D. B. 1268-4

81205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81205

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (N. St. 13-52 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lloyd Snyder

(a) Residence: No. 7 Florence Ruth Ham St. Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-19-32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Lloyd Snyder

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Ida Wilson

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 7/9 1932

UNDERTAKER The Cook Co
(Address) 1210 E Gonlett

FILED JUL 9 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1932 to July 7 . 1932
I last saw he alive on July 7 . 1932. Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	June 28 1932
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. S. Anderson . M. D.
(Address) Johns Hopkins Hosp

81206 B—50L

Dr Herzog 1305 Fort Ave

E 81206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001-8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Broadway ST., 15-60 WARD)

2-FULL NAME Edward Linz

(a) RESIDENCE NO 2217 Windsor Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Linz

6 DATE OF BIRTH (month, day, and year): ?? 1888

7 AGE: Years 44; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Furniture Store
(b) General nature of industry, business, or establishment in which employed (or employer): self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Simon Linz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Esther Linz

(Address) 2217 Windsor Ave.

FILED JUL 10 1932 H. H. Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2217 Windsor Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) C. F. Herzog M.D., M. D. Coroner

July 9, 1932 (Address) 1305 N. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levine Hebrew Burial Assn

DATE OF BURIAL: 7/10 1932

20 UNDERTAKER: Levine Funeral Home

ADDRESS: 1452 E. Baltimore St.

H. D. B. 1269-9

81207 HEALTH DEPARTMENT—CITY OF BALTIMORE L 81207

CERTIFICATE OF DEATH

Registered No. ✓46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1538 (St.) Ingleland ave (Ward) 27

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 27 yrs. ... mos. ... ds.

2. FULL NAME Bessie Singer

(a) Residence: No. 1523 Ingleland ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Singer

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Adolf - Wolf

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Benjamin Singer
(Address) 1538 Ingleland Ave

18. BURIAL, CREMATION, OR REMOVAL Washington Rd Cemetery Date 7-10-32 19
Pikesville Funeral Home Inc

19. UNDERTAKER 1439 E Balto St.
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May - 15 - 1932 to July - 8 - 1932
I last saw her alive on July - 8 - 1932 Death is said to have occurred on the date stated above, at 12 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	about 8/1932

Other contributory causes of importance: none

Name of operation Exploratory Laparatomy Date of 12/10/31

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Herman Seidel, M. D.
(Address) 2404 Eutaw Pl

ACo. 5-31 250B

81208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81208

CERTIFICATE OF DEATH

Registered No. V160-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Lapin

(a) Residence: No. 1814 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 6 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Walter Lapin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Celia Feldman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Walter Lapin

(Address) 1814 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date 7-10-32, 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1457 E. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 8, 1932, I last saw h alive on July 8, 1932, death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 6
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Carolyn Cohn M. D.

(Address) Sinai Hospital

D. B. 1268-9

1209 261779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 81209

95-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-18 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Rhodie E. Blume

(a) Residence: No. 1325 Holbrook St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) January 17 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Blume

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Florence Morgan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Pl. Baltimore Cemetery Date July 11 1932

19. UNDERTAKER Harry Hook Sons Inc
(Address) 1501 E. Fayette St. Baltimore, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to July 9 1932

I last saw her alive on July 9 1932 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	5-8-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. C. Goodwin M. D.

(Address) J.H.H.

D. B. 1268-9

1210

HEALTH DEPARTMENT—CITY OF BALTIMORE E81210

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Dolphin St. 17-24 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha E. Richardson

(a) Residence: No. 708 W. Dolphin St., 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Richardson

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Richardson

(Address) 708 W. Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7/10, 1932

19. UNDERTAKER Samuel J. Hensley

(Address) 528 N. Bridge St.

JUL 10 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1932 to July 4, 1932

I last saw h.. alive on July 4, 1932 Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	March 1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. M. Lawrence M. D.

(Address)

aCo. 5-31 2500

81211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81211

CERTIFICATE OF DEATH

79-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-23 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beverly Kagel

(a) Residence: No. 1013 W Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, year) Dec 22 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME A. B Kagel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Gaidos

16. BIRTHPLACE (city or town) (State or country) N.C

INFORMANT A B Kagel

(Address) 1013 W Lafayette ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7-11 1932

UNDERTAKER Samuel Hemsley

(Address) 2128 Pennsylvania Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1932 to 7-9 1932

I last saw h[illegible] alive on 7-9 1932 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4 Days?
Chronic Nephritis	
Other contributory causes of importance:	
not known	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George M. Ronald M. D.

7-9-32 (Address) Provident Hospital

30—M. & T.—100 B—50L

81212

EVE 81212

205-009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Rear of

CITY OF BALTIMORE: (No. 2620 Frederick Ave ST. 20-28 WARD

2-FULL NAME Vincent E. Davis

(a) RESIDENCE NO 2011 Eagle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lina Davis

6 DATE OF BIRTH (month, day, and year): Dec. 10 1902

7 AGE: Years 29 | Months 30 | Days 6 | If LESS than 1 day, ... hrs. or ..... min. 28

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

10 NAME OF FATHER: Samuel Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Bessie Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Virginia

PARENTS

14 Informant: Lina Davis

(Address): 2011 Eagle St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Hit by Circular Saw while Sawing wood - Accidental

(Primary) Skull cut thru (duration) immediate yrs. mos. ds.

CONTRIBUTORY (Secondary) entire length (duration) immediate yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

7/9, 1932 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. DATE OF BURIAL July 11, 32

20 UNDERTAKER: Bernard A. Frank ADDRESS 782 Washington Blvd.

81213

Dr. A. Lee Ellis

HEALTH DEPARTMENT—CITY OF BALTIMORE

81213

CERTIFICATE OF DEATH

102

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 N. Eutaw St. 11-24 Ward)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Irene Van Leuven-Dawson

(a) Residence: No. 877 N. Eutaw St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Dawson, M.D.

DATE OF BIRTH (month, day, year) 4-21-1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

13. NAME Barney Stoddard

14. BIRTHPLACE (city or town) (State or country) Del. N. Y.

15. MAIDEN NAME Eleanor Hoey

16. BIRTHPLACE (city or town) (State or country) Dr. Co., N. Y.

17. INFORMANT Wm Van Leuven

(Address) 877 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Del Date July 11, 1932

19. UNDERTAKER Henry H. Kirkwin Bureau

(Address) McCulloh & Orchard Sts.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/1932

22. I HEREBY CERTIFY, That I attended deceased from 7/6/1932, 19... to 7/8/1932, 19... I last saw him alive on 7/7/1932 Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows: Influenza Pneumonia

Date of onset

Other contributory causes of importance: Chronic Heart Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Ellis M. D.

(Address) 927 Madison Ave.

81214

HEALTH DEPARTMENT—CITY OF BALTIMORE

81214

CERTIFICATE OF DEATH

175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 McCulloh St. 11-2nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Redmond

(a) Residence: No. 915 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Captain Cager

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Berry

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edda Wyatt
(Address) 605 N. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 7/9 1932

19. UNDERTAKER Walter B. Lowe
(Address) 139 W. N. Avenue

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw ... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Homicide by Gunshot Wound

Contusion of brain

Hemorrhage

Suppression of blood into trachea

Other conditions ... Contributory Causes

Scratches about neck

Date of onset ?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ... 19...
Where did injury occur? 915 McCulloh
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury Struck by hands unknown
Nature of injury Wound

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Falk M. D.
Coroner
(Address) ...

pec.—9-30—A. & Co.—250 Bks

81215 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81215

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 711 N. Calhoun ST. 16-23 WARD)

2. FULL NAME Edna V. Robertson Vessels

(a) RESIDENCE NO. 711 N. Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of David Vessels

DATE OF BIRTH (month, day, and year) June 7, 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50		1	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Westmoreland Co
(State or country) Va

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant George Robinson
(Address) 309 N. Gilmor Street

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7/32

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 7, 1932
that I last saw h alive on July 6, 1932
and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. M. Hatcher M. D.
7/8, 1932 (Address) 1 W Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary — DATE OF BURIAL July 10 1932

20 UNDERTAKER Joseph A. Libby — ADDRESS 409 N. Mount St

Effective

C.—1-30—M. & T.—250 Blks

81216

E 81216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4610 White Ave ST. 26-H WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Louis Winkler

(a) RESIDENCE NO. 4610 White Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 2nd 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7 days	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Louis Joseph Winkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fullerton Md

12 MAIDEN NAME OF MOTHER Eva Catherine Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

Informant Mrs Eva Winkler

(Address) 4610 White Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1932

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 9, 1932, that I last saw him alive on July 8, 1932, and that death occurred, on the date stated above, at 6.30A. m.

The CAUSE OF DEATH* was as follows:

Catarrhal Jaundice

(Duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Allen K. Ray Jr. M. D.

7/9 19 32 (Address) 1025 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 11 1932

20 UNDERTAKER Frederick Leasmore Sons

ADDRESS 7401 Belair Rd

D. B. 1268-9

81217 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 81217

CERTIFICATE OF DEATH

161-002

1. PLACE OF DEATH

Registered No. 161-4-32

CITY OF BALTIMORE: (No. 5616 Greenhill ave St.) (26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Evelyn Bittle

(a) Residence: No. 5616 Greenhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 3rd 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Joseph George Bittle

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

15. MAIDEN NAME Edith May Bittle

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

INFORMANT Joseph George Bittle
(Address) 5616 Greenhill Ave.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 11 32

UNDERTAKER [illegible]
(Address) [illegible]

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3 19 32 to July 9th 32

I last saw h[illegible] alive on July 3 19 32. Death is said to have occurred on the date stated above at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Tetanus Neonatorum — Date of onset 6 days

Other contributory causes of importance:

Aortic Stenosis

Name of operation Autopsy Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 20 Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? 20 If so, specify

(Signed) Fred Rueping M. D.

(Address) 9 W. Saratoga St

Cor.—10-10-29—A Co.—100 Bks.

E 81218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81218

95-002

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 2-4 Ward)

2-FULL NAME Mary Poguinoska

(a) RESIDENCE NO. 170 Aliceanna St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
f	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pete Poguinoska

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	47	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Poland.

PARENTS

10 NAME OF FATHER Anton Czorokinski

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant Mrs Ernest Turners Sta.
(Address)

15 Filed ....., 19..... .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/32 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Odema- Cardiac Hyper-trophy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Obesity- Arteriosclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Edw Paeus, M. D.

7/9 32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary

DATE OF BURIAL July 11 19 32

20 UNDERTAKER H. W. Bagnuski

ADDRESS 1932 Eastern Ave.

Director

H. D. B. 1268-9

81219 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81219

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S Bond St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roman W. Mina

(a) Residence: No. 234 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Child

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 20-1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Walter Mina

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Koszlowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT W. Mina
(Address) 234 S Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 11 1932

19. UNDERTAKER J. W. Koszlowski
(Address) 1930 Eastern Ave

20. FILED ... 19... Registrar.
July 11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1932 to July 9 1932

I last saw h[illegible] alive on July 9th 1932 Death is said to have occurred on the date stated above, at 7.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis; Broncho-Pneumonia	April 24 32

Other contributory causes of importance:

Mongolism Idiocy;

Name of operation none Date of ~

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ~

(Signed) Michael A Abrams, M. D.

(Address) 1360 Eastern Ave

ACo. 5-31 250B

81220 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81220

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Franklin Square Hospital — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 23-32 Ward)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Bichman

(a) Residence: No. 8 W. Heath St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Catherine M. Bichmann

7. DATE OF BIRTH (month, day, year) May 17, 1856

AGE — Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER George Bichmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Rosina Mohr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maud Taylor Daughter (Address) 8 W. Heath

18. BURIAL, CREMATION, OR REMOVAL — Place Loraine Cem. Date July 2 1932

19. UNDERTAKER C. Howard Evans (Address) 38 E. Fort Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1932, to 7-9, 1932, last saw h m alive on 7-9, 1932 death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward Roberts, M. D.

(Address) Franklin Sq. Hospital

M. D. B. 1268-9

E 81221

81221 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N Monroe St.) (Ward) 6-22

Length of residence in city or town where death occurred Life mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August J Losey

(a) Residence: No. 1012 N Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Losey

DATE OF BIRTH (month, day, year) July 19 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Losey

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Lena Pappenheimer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lena Losey

(Address) 1012 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 7/11 1932

19. UNDERTAKER Engel & Foley

(Address) Gaston & Forsythe

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7 1932 to July 8 1932

I last saw h... alive on July 7 1932 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	July 7 32

Other contributory causes of importance: Renal arteriosclerosis

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo W Hemmeter M. D.

(Address) 3002 Garrison Blvd

D. B. 1268-9

81222 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81222

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-50 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Violet Slocum or Slacum (Violet Waters)

(a) Residence: No. 2426 Brentwood ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Slocum

7. DATE OF BIRTH (month, day, year) Nov. 30, 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Daniel Waters

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carly ant Date July 9. 1932

19. UNDERTAKER W. R. Elliott
(Address) 1725 Ashland ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 , 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2 , 1932 to July 6 , 1932
I last saw her alive on July 6 , 1932 Death is said to have occurred on the date stated above, 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Clarence H. Sare , M. D.

(Address) Baltimore City Hospitals

E 81223

HEALTH DEPARTMENT—CITY OF BALTIMORE

62768

CERTIFICATE OF DEATH

54-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emmie Snow

(a) Residence: No. Emmie Hospital St., ... Ward. Simpler S Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-24-1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Staff Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) S Car

13. NAME John Snow

14. BIRTHPLACE (city or town) (State or country) S Car

15. MAIDEN NAME Lottie Carraway

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lenoir - S - Carolina Date 7/10 1932

19. UNDERTAKER John B. Mitchell and Sons

(Address) 1900 Eutaw place

20. FILED JUL 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 10, 1932

I last saw h. alive on July 10, 1932. Death is said to have occurred on the date stated above, at 1 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (acoustic nerve neuroma) left	
non-malignant	1930

Other contributory causes of importance:

Name of operation Cerebellar Exploration Date of 7-8-32

What test confirmed diagnosis Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W. Sei[illegible] M. D.

(Address) Johns Hopkins Hospital

e.—2-29-28—L. F. S.—500 Bks.

E 81224

81224

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 804 S Ponca St ST. 16-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Hahn

(a) RESIDENCE NO. 804 S. Ponca St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, ~~or Divorced, (write the word)~~
male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Married

ATE OF BIRTH (month, day, and year) Nov 22 - 1884

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42.	7 -	-16	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) — — —

(c) Name of employer = = =

IRTHPLACE (city or town) (State or country) Baltimore

0 NAME OF FATHER Henry Pfaff

1 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

2 MAIDEN NAME OF MOTHER Margaret Myers

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant John Hahn

(Address) 804 Ponca St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8/32

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 8, 1932, that I last saw ~~her~~ alive on July 8, 1932, and that death occurred, on the date stated above, at 1-00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nil

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Not Date of Nov 1931

Did an operation precede death? Yes

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Gilmore, M. D.

(Address) 602 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL July 11 1932

20 UNDERTAKER Abe Aller & Son Fink — ADDRESS 2512 Walbrook Ave

c.—2-29-28—L. F. S.—500 Bks.

E 81225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81225

CERTIFICATE OF DEATH

X 121 √

1—PLACE OF DEATH Raymond. General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST., 11-24 WARD)

2—FULL NAME Henry Lewis Hobby.

(a) RESIDENCE NO. Post Masters Row ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of— Letha Fay Hobby

ATE OF BIRTH (month, day, and year) Dec 8, 1885

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	7	2	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance agt & Notary Public

(b) General nature of industry, business, or establishment in which employed (or employer) Legal insurance

(c) Name of employer self.

IRTHPLACE (city or town) Centreville

(State or country) Md.

10 NAME OF FATHER George T. Hobby.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New England

12 MAIDEN NAME OF MOTHER Eda C Hobby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

Informant Hospital record.

(Address)

Filed ..... 19 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to July 10, 1932,

that I last saw h... alive on July 10, 1932

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

appendicitis (appendectomy)

abscess.

(duration) yrs. mos. ds. 14

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. ds. 3-

18 Where was disease contracted if not at place of death? West Minster Md.

Did an operation precede death? yes. Date of June 28, 1932

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Robert T. Chenowith, M. D.

. 19 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL July 13 1932

20 UNDERTAKER H Bankard & Son

ADDRESS Westminster Md

Spec.—1-10-21—M.S.T.—1500 Blks.

E 81226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81226

46

CERTIFICATE OF DEATH.

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Reynold Street ST. 24-35 WARD

2-FULL NAME Anna . Jablonski

(a) RESIDENCE No 1411 Reynold Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 8 1876

7 AGE — Years: 55 — Months: 10 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Adam . Nykiel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Frances . Janczycka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Constance . Sparzak Daughter

(Address) 1411 Reynold Street

15 Filed 1932 Huntington Wellicome, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1932

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to July 7, 1932,

that I last saw her alive on July 7, 1932,

and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Thos. J. Stearns, M. D.

7-8, 1932 (Address) 2818 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: July 11 1932

20 UNDERTAKER: John M. Weber — ADDRESS: 401 S Chester St

D. B. 1268-9

81227 HEALTH DEPARTMENT—CITY OF BALTIMORE 81227

262405

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-9 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Pierce

(a) Residence: No. 406 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 10-20-31

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	19.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md

13. NAME Richard Pierce

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosie Squires

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) [illegible]

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 11, 1932

UNDERTAKER Wendell Bishop

(Address) 300 E. Lafayette Ave.

FILED JUL 11 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932 to July 9, 1932

I last saw h[illegible] talive on July 9, 1932 Death is said to have occurred on the date stated above, at 1.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fulminal meningitis	

Other contributory causes of importance:

Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. C. Goodwin, M. D.

(Address) G. H. Hoop

I. D. B. 1268-9

81228 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81228

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. St. 22-31 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lowry

(a) Residence: No. 103 Hughes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer O.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Janie Sumter

(Address) 103 Hughes St

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date 7/11/32

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 108 W Montgomery St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27 . 1932 to July 8 . 1932

I last saw him alive on July 8 . 1932 Death is said to have occurred on the date stated above, at 12:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6/25/32
Other contributory causes of importance:	
Cellulitis of the right hand	7/7/32
	6/27/32

Name of operation Incision & drainage Date of 7/5/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ernest J. C. Holdenbrand M. D.

(Address) Univ. Hospital

...—2-29-28—L. F. S.—500 Bks.

81229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81229

82-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Pierce ST., 25-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ephaney Jamboode

(a) RESIDENCE NO. 2628 Pierce ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): July 3rd 1866

AGE: Years 66 | Months | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Wm Pemborough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Julia Pemborough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Lula Pemborough

(Address): 2628 Pierce St

Filed 1-4 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-9-32

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to July 9, 32

that I last saw h[illegible] alive on July 9 1932

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Paralysis (duration) yrs 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaiah L Brown M. D.

, 19 (Address) 1117 Edmondson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: 1/12/32

20 UNDERTAKER: Isaiah L Brown & Son — ADDRESS: 108 Montgomery

Spec.—9-30—A. & Co.—250 Bks.

81230 E 81230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3621 Malden St Ward 3-57)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie M Frock

(a) RESIDENCE NO. 3621 Malden Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Milton Frock

6 DATE OF BIRTH (month, day, and year): Nov 20 1870

7 AGE: Years 61 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elizabeth Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Harry M Frock

(Address): 3621 Malden Ave

15 Filed 7-11-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1932

17

I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to July 8th 1932

That I last saw h e alive on July 8th 1932

and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

General abdominal Carcinoma

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary): Above

Duration: yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy at Mercy Hospital

(Signed) H. A. Lilienthal M. D.

7/9 1932 (Address) 3614 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: July 11 1932

20 UNDERTAKER: Ehrenworth Son

ADDRESS: Chestnut

...c.—1-30—M. & T.—250 Blks

E 81231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81231

CERTIFICATE OF DEATH.

82-061

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3445 Chestnut Ave. 13-52 WARD)

2-FULL NAME Herbert S Durrall

(a) RESIDENCE NO. 3445 Chestnut Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) March 20 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Annie Durrall

(Address) 3445 Chestnut Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH July 8 32

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 8, 1932, that I last saw h... alive on July 8, 1932, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Thrombosis

(duration) ... yrs. ... mos. 1 da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) W. H. Tydeyhouse M. D.

July ... 19 32 (Address) 5 So 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	July 11 19 32
20 UNDERTAKER	ADDRESS 3617
Ebenezer Lee	Chestnut Ave

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

81232

131 ✓ E 81232

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1630 E 28 ST. 9-46 WARD)

2—FULL NAME Sophia Reimann.

(a) RESIDENCE NO. 1630 E. 28- ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White.	Widow.

f married, widowed, or divorced HUSBAND of (or) WIFE of Emil Reimann

ATE OF BIRTH (month, day, and year) June 11-1850

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	29	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Switzerland

0 NAME OF FATHER Emil Roesing

1 BIRTHPLACE OF FATHER (city or town) Switzerland (State or country)

2 MAIDEN NAME OF MOTHER Mellum

3 BIRTHPLACE OF MOTHER (city or town) Switzerland (State or country)

Informant John R. Reimann

(Address) 1630 E 28

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10-1932

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 10, 1932,

that I last saw her alive on July 10, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Rheumatic)

Chronic Interstitial nephritis.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) mitral Regurgitation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hist exam Urinalysis

(Signed) Chas. J. Stevens, M. D.

7-11, 1932 (Address) 2818 Hartford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N C

DATE OF BURIAL July 11 1932

20 UNDERTAKER John Ullrich

ADDRESS 2008 Aliceanna

D. B. 1268-9

81233 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81233

CERTIFICATE OF DEATH

V 131

Registered No. 6-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 E Oliver St St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Franz

(a) Residence: No. 2221 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Franz

DATE OF BIRTH (month, day, year) July 18 th 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	II	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Aschendorf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs William Radecke

(Address) 3602 Southern Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 11 1932

UNDERTAKER John Ulrich & Sons

(Address) 2008 Eastern Ave

FILED JUL 11 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 th 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1932 to 7/8, 1932

I last saw her alive on 7-8, 1932 Death is said to have occurred on the date stated above, at 12.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	7/5/32
Chronic Int Nephritis	6/14/29

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? NS (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place NS

Manner of Injury NS

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Riggs, M. D.

(Address) 15 So. Broadway

Co. 5-31 250B

E 81234

1234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 Johns Hopkins Hosp: St. 9-18 Ward)

Length of residence in city or town where death occurred 54 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Cummings

(a) Residence: No. 1110 East Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed or divorced HUSBAND of (or) WIFE of James J. Cummings

DATE OF BIRTH (month, day, year) May 1, 1882

AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
50	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Marie Kayle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James J. Cummings

(Address) 1110 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem. Date July 13, 1932

19. UNDERTAKER Ernest V. Conlon

(Address) 524 Edgewood St.

20. FILED July 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1932, to July 10th, 1932

I last saw her alive on July 10th 1932 death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pyelonephritis	7/1/32
Toxemia	

Other contributory causes of importance:

Uremia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ed Conrad M. D.

(Address) 4 Joseph's Hospital

H. D. B. 1268-9

1235 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81235

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5200 Fernpark Ave. St., 28 66 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. — mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Armenius Brooke Whitelock

(a) Residence: No. 5200 Fernpark Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Reynolds Whitelock

6. DATE OF BIRTH (month, day, year) June 30, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) Jan. 1890

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Robert R. Whitelock

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Elizabeth C. Thorn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Caroline R. Whitelock

(Address) 5200 Fernpark Ave. City.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 11, 1932

19. UNDERTAKER R. Madison Mitchell

(Address) Havre de Grace Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 19 32 to July 8 1932 19

last saw him alive on July 8, 1932. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	
Oedema of lungs	

Other contributory causes of importance:

Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert G. Hebeler M. D.

(Address) 6409 Cedar Rd

D. H. 1268-9

81236 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81236

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-58 Ward) 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Morris Kirsch

(a) Residence: No. 3405 Park Heights Ave. St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Celia Kirsch

DATE OF BIRTH (month, day, year) ?? 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Carol Kirsch

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jens Miller

(Address) 730 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem. Date Apl ... 1932

19. UNDERTAKER St. Louis Co.

(Address) 140 E. Baltimore St.

20. FILED Apr 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 ... 1932 to 7-9 ... 1932

I last saw him alive on 7-9 ... 1932 Death is said to have occurred on the date stated above, at 8 A ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	3 yrs.
Cardiac insufficiency	
Coronary sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) L. E. Nice ... M. D.

(Address) Sinai Hospital

D. B. 1268-9

81237 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81237

CERTIFICATE OF DEATH

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Ave Ward) 9

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Max Roody

(a) Residence: No. 223 - N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Rose Roody

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Roody

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Roody.

(Address) 223 N. Wolfe

18. BURIAL, CREMATION, OR REMOVAL

Place Harlem Mt Carmel Date 7-11 . 1932

19. UNDERTAKER Jack Levy & Son

(Address) 1459 E Baltimore St.

20. FILED JUL 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/3 . 1932 to 7/10 . 1932

I last saw him alive on 7/10 . 1932 Death is said to have occurred on the date stated above, at 9.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7/10/32
Other contributory causes of importance: Acute Cholecystitis	7/3/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

30—M. & T.—100 B—50L.

E 81238

E 81238

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 6-9 WARD)

2-FULL NAME Harry Bernstein

(a) RESIDENCE NO. 18 S Jackson Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 32 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Bernstein

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Bernstein
(Address) 2312 E Bulto St.

15 Filed ..... 192 Huntington Mills Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis- Arteriosclerosis (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

7/11/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cemetary

20 UNDERTAKER Levy Bros Inc.

DATE OF BURIAL 7-11 1932

ADDRESS 1439 E. Bulto St.

. D. B. 1268-9

81239 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81239

261665

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSP. St. 7-9 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Ennis

(a) Residence: No. Prince Frederick St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) 12-28-76

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W. 0?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME (Married)

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME (Married)

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 11th 1932

19. UNDERTAKER Archibald & Gaddis

(Address) 1215 McCulloh St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to July 9, 1932

I last saw her alive on July 9, 1932 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma in Liver — metastic from [illegible]	Dec 1931
? Carcinoma of stomach	

Other contributory causes of importance:

Name of operation Exp. Laparotomy Date of June 1932

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

81240

HEALTH DEPARTMENT—CITY OF BALTIMORE 81240

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 E West St. 24-23 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Bayne

(a) Residence: No. 309 E West St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H Bayne

DATE OF BIRTH (month, day, year) Aug 24 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Samuel A Kellum

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Joseph P. Bayne
(Address) 309 E West St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 10 1932

19. UNDERTAKER John T Denny
(Address) 715 Light St

FILED 7 11 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to July 7 1932

I last saw her alive on July 7 1932 Death is said to have occurred on the date stated above at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Unk.

Other contributory causes of importance:

Acute dilatation of Heart	7-6-32

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

7/10/32 (Signed) H P Caroline M. D.
(Address) 1644 Hanover St

...—2-29-28—L. F. S.—500 Bks.

81241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 81241

REGISTERED NO. 124

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Adam Buppert.

(a) RESIDENCE NO. Woodlawn Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna C. Smith Buppert

6 DATE OF BIRTH (month, day, and year) July 9. 1862.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	Seventy	no	no	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer Home

9 BIRTHPLACE (city or town) Woodlawn Md.
(State or country)

10 NAME OF FATHER Mr John Buppert

11 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Martha Bast

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country)

Informant Mr John A. Buppert

(Address) Woodlawn Md. Huntington Pikesville

Filed JUL 11 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/32

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1932, to July 7, 1932; that I last saw h...alive on July 6, 1932 and that death occurred, on the date stated above, at 7.20 p m.

The CAUSE OF DEATH* was as follows:

Nephritis "Chronic"

(duration) 10½ yrs. mos. ds.

CONTRIBUTORY (Secondary) (a) Pneumonia - (b) Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urea ext. / Clinical.

(Signed) [illegible] M. D.

7/12/ 19 32 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

London Park Cemetery

DATE OF BURIAL July 12 1932

20 UNDERTAKER Director Joseph D Cook

ADDRESS 1003 West Baltimore St.

ACo. 5-31 250B

81242 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81242

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Woman's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-63 St. Ward)

Length of residence in city or town where death occurred 32 yrs. 9 mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Virginia Strauss

(a) Residence: No. 3410 Lynchester Rd, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Wm A Strauss

7. DATE OF BIRTH (month, day, year) Sept 19 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John P Deering

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Elizabeth B Diffendall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dr Wm A Strauss

(Address) 3410 Lynchester Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date July 13 1932

19. UNDERTAKER Harry R Anderson & Son

(Address) 4244 Ridgewood Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9 1932, to July 10, 1932

last saw h.er alive on July 10, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	7/10/32
Other contributory causes of importance: Uremia (following Nephrectomy (- 1931)	7/9/32

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warren P. Johnson M. D.

Director (Address) Woman's Hospital

ACo. 5-31 250B

E 81243 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81243

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4-25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Patrick

(a) Residence: No. 530 Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Carrie Patrick

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Robert Patrick

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Sara Patrick

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Carie Patrick

(Address) 530 Saratoga St

BURIAL, CREMATION, OR REMOVAL Place Richmond VA Date 12th July 1932

UNDERTAKER Troy Davidson

(Address) 1000 Broadway

FILED 11 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1932, to 7-9, 1932

I last saw him alive on 7-9, 1932 Death is said to have occurred on the date stated above, at 7:45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Arteriosclerosis

Nephritis

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry M. Thrush M. D.

7-9-32 (Address) Provident Hospital

D. B. 1268-9

81244 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81244

V 46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 Agusta Ave 20-21 Ward)

Length of residence in city or town where death occurred 25 yrs. 25 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert J. Tilling

(a) Residence: No. 334 Agusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Male	white	Married

If married, ~~widowed or divorced~~ HUSBAND of Catherine L. Knell

DATE OF BIRTH (month, day, year) Aug. 17 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Joseph Tilling

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. A. J. Tilling

(Address) 334 E. Agusta Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 12, 1932

UNDERTAKER Martin Funeral Home

(Address) 222 N. Paca St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1932 to July 9th 1932

I last saw h[illegible] alive on July 9th 1932 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	April 1932
Other contributory causes of importance: Progressive Debility and Toxemia	July 4 to July 9 1932

Name of operation Clinical & X Ray Date of

What test confirmed diagnosis? was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Sullivan M. D.

(Address) 1706 N. Eutaw Ave.

aCo. 5-11-2508

81245 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81245

CERTIFICATE OF DEATH

192-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 of Adelle Terrace St., 26-38 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sabina Feeney

(a) Residence: No. 44 of Adelle Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Feeney

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
abt 62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~100~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Richard Loggannon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos Feeney

(Address) 44 of Adelle Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 7-12-32, 19....

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to July 7, 1932

I last saw him alive on July 5, 1932 death is said to have occurred on the date stated above, at 4 A m

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Angina Pectoris	1/9/32

Other contributory causes of importance:

Arterio Sclerosis	1930
Mitral & Aortic Regurgitation	1932
Rheumatism	1927

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. O'Neill, M. D.

(Address) 108 N Fulton Ave

D. B. 1268-9

Harvey Morris

81246 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81246

CERTIFICATE OF DEATH

V95-002

Registered No. 28-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 28-64 Ward)

Length of residence in city or town where death occurred 59 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Morris

(a) Residence: No. 5310 Gynsdale Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11, 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

13. NAME John Morris

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

15. MAIDEN NAME Elizabeth Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

INFORMANT Miss Myrtle Morris

(Address) 2904 Baker St.

BURIAL, CREMATION, OR REMOVAL.

Place National Date July 12 1932

UNDERTAKER Harry A. Fritzke

(Address) 411 E Monument and

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 9, 1932

I last saw him alive on July 9, 1932 Death is said to have occurred on the date stated above, at 3½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio vascular Renal	1931

Other contributory causes of importance:

Furuncles Face & Head	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Burns M. D.

(Address) J. Mercy Hosp.

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81247

81247

CERTIFICATE OF DEATH

23 v

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hopes Retreat St. 2-6-23 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Wright

(a) Residence: No. Mrs Hopes Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	Unknown		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) German Town
(State or country) Pa

13. NAME Orphan (Unknown)
14. BIRTHPLACE (city or town) Unknown
(State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs Hopes Retreat
(Address) Mrs Hopes Retreat

BURIAL, CREMATION, OR REMOVAL.
Place Zion (Baptist) Cem Date July 14th 1932

UNDERTAKER Stuart Warner Co.
(Address) 08 W. North Ave.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to July 11, 1932

I last saw her alive on July 11, 1932 death is said to have occurred on the date stated above, at 2 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Senility	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.
(Address) Mrs Hopes Retreat

D. B. 1268-9

E 81248

81248 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 12-14 Ward)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S. If of foreign birth? 75 yrs. — mos. — ds.

2. FULL NAME Mrs. Mary Kirby

(a) Residence: No. 336 E 20th St., IV Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. P. Kirby

6. DATE OF BIRTH (month, day, year): about Aug 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Luke Kearney

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Naughton

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Weidefield (niece)

(Address) 336 E 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 7/13/32

19. UNDERTAKER: Stewart Morris & Company

(Address) [illegible]

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1932 to 7-10, 1932

I last saw her alive on 7-10, 1932. Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Chronic Arteriolar Nephritis	?
Exhaustion Acidosis	8 wks?

Other contributory causes of importance:

Venous Varicosities (lower extremities)	?

Name of operation: None Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. W. Burns M. D.

(Address) Mercy Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31249 E 31249

CERTIFICATE OF DEATH

† 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Harry Jackson

(a) Residence: No. 1328 Brown St. St., Philadelphia Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Universal, Penn Date July 1 . 19

UNDERTAKER

(Address)

FILED .... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from .... 19.... to .... 19....

I last saw h... alive on .... 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Fetter . M. D.
Coroner

(Address) 1619 Eastern Ave

D. B. 1268-9

81250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81250

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 18-76 Ward) 131 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Cornish

(a) Residence: No. 871 Fairmount Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Smith

6. DATE OF BIRTH (month, day, year): ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Jake

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Elizabeth Bruce

16. BIRTHPLACE (city or town) (State or country): Richmond Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Md Date July 11 1932

19. UNDERTAKER (Address): [illegible]

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1932 to July 5, 1932

I last saw her alive on July 5, 1932 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. vascular renal disease	Some yrs ago
Other contributory causes of importance:	
Uremia acute	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7-12-32 (Signed) Clem Hightower M. D.

(Address) Board of City Hospitals

B. B. 1268-9

81251

HEALTH DEPARTMENT—CITY OF BALTIMORE

81251 E

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Biachiewski (Bracyowski)

(a) Residence: No. 151 N. High st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Biachiewski

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Luke Biachiewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 12 1932

19. UNDERTAKER J. W. Brzezinski
(Address) 1980 Eastern Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to July 8 1932

I last saw him alive on July 8 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Lawrence [illegible] M. D.

(Address) Baltimore City Hospitals

LaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

812[redacted] CERTIFICATE OF DEATH E 812[redacted]

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hoover

CITY OF BALTIMORE: (No. 1214 Glyndon ave St., 21-29 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby boy Thomas

(a) Residence: No. 1214 Glyndon ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ___

DATE OF BIRTH (month, day, year) July 8, 1932

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 30 min.
	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ___

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Largo

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Kathlyn Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Kathlyn Thomas

(Address) 1214 Glyndon ave

BURIAL, CREMATION, OR REMOVAL

Place [redacted] Mt Lebanon Date July 11 19 32

UNDERTAKER [redacted] Board of Health.

(Address) [redacted]

FILED July 11, 1932 Registrar. 10073

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932 to July 8, 1932

I last saw him alive on July 8 1932 death is said to have occurred on the date stated above, at 1:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Peritonitis~~	
Spontaneous Abortion	
2 Months	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Emil H Douglass, M. D.

(Address) Univ. Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 81253

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jackson, Noble,

(a) Residence: No. 316 N. Pearl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Married

If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Elsie Noble

6. DATE OF BIRTH (month, day, year) 4-1-1896

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
36	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Romney, W. Va.

13. NAME (?) Noble

14. BIRTHPLACE (city or town) (State or country) (?) W. Va

15. MAIDEN NAME Virgie Curtis

16. BIRTHPLACE (city or town) (State or country) Romney, W. Va

INFORMANT Patient

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date July 6, 1932

UNDERTAKER

(Address)

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1932, to July 4, 1932

I last saw him alive on July 3, 1932. Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1932

Other contributory causes of importance:

Pulmonary Hemorrhage	

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence M. Sears, M. D.

(Address) .....

.—2-29-28—L. F. S.—500 Bks.

81254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 81254

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

TY OF BALTIMORE: (No. ST., 15-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Lies

(a) RESIDENCE NO. 3013 Winfield Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 7/8/32

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hr. or 20 min.

CUPATION OF DECEASED

a) Trade, profession or particular kind of work —

b) General nature of industry, business, or establishment in which employed (or employer) —

c) Name of employer

RTHPLACE (city or town) Baltimore, Md.,
State or country)

0 NAME OF FATHER John E Henry Lies

1 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

2 MAIDEN NAME OF MOTHER Catherine Gertrude Steele

3 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

Informant

(Address)

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8-32

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 8, 1932, that I last saw her alive on July 6, 1932, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Premature (6 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert F Chaney, M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. H. Med College

DATE OF BURIAL July 11 1932

20 UNDERTAKER [illegible]

ADDRESS

D. B. 1268-9

81255 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81255

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 E. Pratt St. 26-37 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA WALLENWEIN

(a) Residence: No. 3407 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

DATE OF BIRTH (month, day, year) March 3, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME George Wallenwein

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Eleanora Wallenwein

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT Mrs. Eleanor Hall (sister)
(Address) 3407 E. Pratt St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date July 12, 32

UNDERTAKER Henry Sander & Sons, Inc. Henry Sander
(Address) Baltimore St. & Broadway

FILED July 13, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 32 to July 9, 32
I last saw her alive on July 7, 32 Death is said to have occurred on the date stated above, at 12.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/9/32
Other contributory causes of importance:	
Acute Myocarditis	7/7/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H H Tolbert, M. D.

7/11/32 (Address) 318 S. Highland Ave

D. B. 1265-9

81256 HEALTH DEPARTMENT—CITY OF BALTIMORE 81256

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2924 Hudson St., 1-1 Ward)

gth of residence in city or town where death occurred 80 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME MATHILDA E. STEVENS

(a) Residence: No. 2924 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Stevens

DATE OF BIRTH (month, day, year) February 22, 1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Langford

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Miss Nelly Nelson (Neice)
(Address) 2924 Hudson St.

BURIAL, CREMATION, OR REMOVAL
Place Carmel Cemetery Date July 13, 1932

Henry Sander & Sons, Inc.
UNDERTAKER
(Address) Baltimore St. & Broadway.

Filed ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1927 to July 10 1932
I last saw h alive on July 9 1932 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

Senility 7 yrs

Date of onset

Other contributory causes of importance:

Chronic Bronchitis

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Fowler M. D.

(Address)

D. B. 1268-9

Coroner's Case Cumberland Law Jos ✓

Mary Maryland

HEALTH DEPARTMENT—CITY OF BALTIMORE

81257

CERTIFICATE OF DEATH

E 81257

92-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 3/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Maiorana

(a) Residence: No. 3724 Hayward Ave (Street) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If ~~married, widowed~~, or divorced (or) WIFE of Joseph Maiorana

6. DATE OF BIRTH (month, day, year) May 6th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Lipsetti

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Anthony Maiorana

(Address) 3724 Hayward Ave

BURIAL, CREMATION, OR REMOVAL Cemetery

Place Pikesville Md Date July 12th 1932

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Edema

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81258

CERTIFICATE OF DEATH

E 81258

122-802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Katherine McCann

(a) Residence: No. 323 E 28th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laughlin McCann

DATE OF BIRTH (month, day, year) Aug 10th 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas McGuinness

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Susie Dow

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs T. W. Guyton

(Address) 323 E. 28th St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 12th, 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1932 to July 9th, 1932

I last saw her alive on July 9th, 1932. Death is said to have occurred on the date stated above, at 2:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7-4-32

Other **contributory causes** of importance:

Name of operation Release of Adhesions Date of 7-8-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Millard H. Sprecher, M. D.

(Address) University Hospital

30—M. & T.—100 B—50L

E 81259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81259

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Hotel. (ST.) 4-6 (WARD)

2-FULL NAME Robert H. Meskin.

(a) RESIDENCE NO. 5628 Berks St. Philadelphia, Pa. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) November 29, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	36	7	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Electrician.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Philadelphia, Pa.

10 NAME OF FATHER: Isador Weskin.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia.

12 MAIDEN NAME OF MOTHER: Hilda Raskin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia.

Informant Samuel B. Turoff. (brotherinlaw)

(Address) 5833 Woodcrest Ave. Phila. Pa.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain.
Pistol shot wound of the head.
Suicide.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

7/11/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa.

DATE OF BURIAL: 7-11 1932

UNDERTAKER: Jack Lewis Inc.

ADDRESS: 1439 E. Baltimore St.

Co. 5-31 250B

81260 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81260

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Brentwood ave St. 10-15 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Kelly

(a) Residence: No. 1006 Brentwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

If married, widowed, ~~or divorced~~
(or) WIFE of Michael J. Kelly

6. DATE OF BIRTH (month, day, year) May 21 1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Robert Willis

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Redmond

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss M. Kelly
(Address) 1006 Brentwood ave

BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date Jul 13. 1932

UNDERTAKER J. F. Horgan
(Address) 3600 E. Baltimore

FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to July 10, 1932

I last saw her alive on July 10 1932. death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	?

Other contributory causes of importance:

Arteriosclerosis	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. McCarthy, M. D.

(Address) 1114 Harford ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81261

81261

CERTIFICATE OF DEATH

Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 521 S. Mulberry St., 4425 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sarah Katherine Newmeyer

(a) Residence: No. 521 S. Mulberry St., 4th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) October 9 1893

AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
38 yrs.	9 mos	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as stik mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) January 1931

11. Total time (years) spent in this occupation 2 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME of Mother Mary E. Brennan

14. BIRTHPLACE (city or town) (State or country) Rome, New York

15. MAIDEN NAME Mary E. O'Brien

16. BIRTHPLACE (city or town) (State or country) Portland Ireland

INFORMANT Margaret M. Brennan
(Address) (52) S. Mulberry St.

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date July 13 1932

UNDERTAKER John F. Foster & Son
(Address) 3500 E. Baltimore St.

FILED July 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9. 1932.

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1931, to July 9, 1932.

I last saw h[illegible] alive on July 5 1932. death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Urinary Bladder — Date of onset Feb., 1931

Other contributory causes of importance:

Uremia

Name of operation Removal of Bladder Date of Feb. 3/32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas H. Johnson M. D.

(Address) 129 Calvert St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81262 E 81262

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Schapiro (Schapiro)

(a) Residence: No. Norfolk, Va. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leah Schapiro

7. DATE OF BIRTH (month, day, and year) Nov. 28, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Abraham J. Schapiro

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME OF MOTHER Frieda Crockin

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Mr. Emil Crockin

(Address) Hopkins Hosp. Redwood St

BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date July 11, 1932

UNDERTAKER Harris Goodman & Son

(Address) 902 Eutaw Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1932 to 7-11, 1932

I last saw him alive on 7-11, 1932 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. C. V. D. (Rheumatic)	
Mitral stenosis & insufficiency	8 yrs.
Aortic insufficiency	
Cardiac insufficiency	2 yrs.
Other contributory causes of importance:	
chr. nephritis	8 yrs.
chr. cholecystitis	5 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. E. Nice M. D.

(Address) Sinai Hospital.

D. H. 1268-9

1263 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81263

CERTIFICATE OF DEATH

164-001

Registered No. 3-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2200½ Eutaw Place (Ward) 35

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nellie M. Daiger

(a) Residence: No. 2200½ Eutaw Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Daiger

DATE OF BIRTH (month, day, year) Aug 26. 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	16	

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME OF FATHER Alfred Deagonett

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME OF MOTHER Eliz McTavish

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Edith Magruder

(Address) 3008 St Paul St.

BURIAL, CREMATION, OR REMOVAL

Middletown Md Date July 12 1932

UNDERTAKER John C Mitchell & Son

(Address) 2124 Eutaw Place

FILED July 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932

22. I HEREBY CERTIFY That I attended deceased from July . 19 32 to July . 19 32

I last saw h alive on July . 19 32 Death is said to have occurred on the date stated above, at 7 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Tuberculosis Pulmonary Gas.	
Other contributory causes of importance: Sudden	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 2200½ Eutaw Place
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Brack Brown M. D.

(Address) Coroner

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81264 E 81264

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Smith

(a) Residence: No. Texas, Texas St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy D. Parriott

DATE OF BIRTH (month, day, year) 10/18/69

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Producer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Haggens

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Mausoleum Date July 13 1932

UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932 to July 10, 1932

I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver	Unknown
Obstructive Jaundice	"
Myocarditis	7 to 32 terminal

Other contributory causes of importance:
Diabetes

Name of operation Exploratory Laparotomy Date of 6-21-32

What test confirmed diagnosis Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Ridgeway Smith M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

81265

61799

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81265

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-9 (Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kelsey Monroe

(a) Residence: No. 578 Brickell St., Miami - Fla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
(or) WIFE of George Monroe

6. DATE OF BIRTH (month, day, year) 3-21-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	- 3	- 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Texas

13. NAME Thomas Bess

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Flora Miller

16. BIRTHPLACE (city or town) (State or country) Indiana

INFORMANT Fourth
(Address) JOHNS HOPKINS HOSP.

BURIAL, CREMATION, OR REMOVAL Miami Fla July 11, 1932

UNDERTAKER John O. Pritchard Son
(Address) 1400 Eutaw Place

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-25-1932 to 7-10-1932

I last saw her alive on 7-10-1932 Death is said to have occurred on the date stated above, at 5 or 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast Left with Metastases to Lungs.	July 1931

Other contributory causes of importance:

Name of operation Radical Amputation Breast Date of operation 7-1931

What test confirmed diagnosis? Clinical Was Case an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I R Trimble M. D.

(Address) Johns Hopkins

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81266 E 81266

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 706 S. Eaton St., 7th Ward)
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Josephine M. Waechter (Waechter)

(a) Residence: No. 706 S. Eaton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F. Waechter

DATE OF BIRTH (month, day, year) Dec 7 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Mary Martin
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Frances Niedlein
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Joseph F. Waechter
(Address) 706 S. Eaton St.

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 12 . 1932

UNDERTAKER Lilly & Faler Inc.
(Address) 402 S. Hilton St.

FILED ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 . 1932.

22. I HEREBY CERTIFY, That I attended deceased from 7/6 . 1932 to 7/9 . 1932
I last saw her alive on 7/9 . 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	7/5/32
Other contributory causes of importance: Meningitis & Bronchial Pneumonia	3

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Grell M. D.
(Address) 633 S. Conkling

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81267

CERTIFICATE OF DEATH

E 81267

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Ramona Ave. St., 27-48 Ward)

Unknown

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George H. Barr.

(a) Residence: No. 3320 Ramona Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

If married, widowed, or divorced HUSBAND of (or) WIFE of Justine Barr.

DATE OF BIRTH (month, day, year) June 8, 1858.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	73	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) N.Y.
(State or country) New York.

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town)
(State or country) Unknown.

INFORMANT Harold J. Barr (Son)
(Address) 3320 Ramona Ave

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 12 1932

UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932 to July 11, 1932

I last saw h.[illegible] alive on July 10, 1932 Death is said to have occurred on the date stated above, at 6:30 P.M. P.M.

The principal cause of death and related causes of importance were as follows:

Hypertrophied Prostate — Date of onset

Other contributory causes of importance:

Senility, anemia & cerebral arterio sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter A. Henderson M. D.

(Address) 300 Cathedral

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81268

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 6 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Clifton Cofeill

(a) Residence: No. Glenco Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary B. Cofeill

DATE OF BIRTH (month, day, year) July 19 1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	11	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Road Laborer. 040

8. Date deceased last worked at (this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wilson Cofield

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Harvey.

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Clifton Cofield

(Address) Glenco Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion, Balto Co Date July 12 1932

UNDERTAKER Edw C Tipton

(Address) Hampstead Md

FILED ..... 19 ..... Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/5 1932 to 7/11 1932

I last saw h in alive on July 11 1932 Death is said to have occurred on the date stated above, at 2 00 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhus Fever.	June 29 1932

Other **contributory causes** of importance:

Broncho pneumonia.	7/6/32

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Maurice James ..... M. D.

(Address) Univ. Hosp.

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

1269 E 81269

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 612 S. Kenwood ave (Ward) 3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Hall Zarks

(a) Residence: No. 612 S. Kenwood ave Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew N. Zarks.

6. DATE OF BIRTH (month, day, year) Sept 26 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER William H. Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Mary Cunningham

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary Hall

(Address) 612 S. Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 12 1932

19. UNDERTAKER Kendall & Hopper

(Address) 221 E. Oliver St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1932 to 7/9 1932

I last saw h in alive on 7/8 1932 death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset Unknown

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Wood M. D.

(Address) 1216 N Calvert St.

4Co. 5-11 250B

81270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 81270

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Remington Ave. St. 12-54 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Krebs

(a) Residence: No. 3108 Remington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Taylor Krebs

DATE OF BIRTH (month, day, year) Oct. 1st, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrial
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Krebs

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rosalie Gollner

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Agnes T. Krebs.
(Address) 3108 Remington Ave.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 14 19 32

UNDERTAKER Geo. H. Grave & Son
(Address) 118 W. Fayette St.

FILED [illegible] 19 [illegible] Registrar
R.O.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th. 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 2 1932 to July 10 1932
I last saw h[illegible] alive on July 10 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (R.L.Lung)	July 2-32
Other contributory causes of importance: Cardiac Asthenia	

Name of operation — Date of
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 3429 Clarkson St.

30—M. & T.—190 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

81271

CERTIFICATE OF DEATH

183

E 81271

1-PLACE OF DEATH Foot of Hollins St.

CITY OF BALTIMORE: (No. Masonville. ST 25-78 WARD 6

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Minnie Schultz.

(a) RESIDENCE No. 3328 Hollins St. Masonville ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) October 3, 1916

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	9	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Michael Schultz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Nelly Meurer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Ellen Rusneck. (sister)

(Address) 3611 Leo St. Wagner's Point.

Filed ..... 192 ..... Registrar

RHH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
(while in bathing)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Heinrandt, M. D. Coroner

7/11/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: July 13th 1932

20 UNDERTAKER: Wm Cook (217 N. Paul St.) — ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81272

CERTIFICATE OF DEATH

E 812

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-25 Ward)

Registered No.

(If death occ... a hospital or In... give its NAME of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME Arthur A. Anderson

(a) Residence: No. 318 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Anderson

6. DATE OF BIRTH (month, day, year) Sept 25-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Counter Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton N.J.

FATHER

13. NAME Peter Anderson

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Wm. Stanley (Nephew)
(Address) 318 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date July 12th 1932

19. UNDERTAKER Wm Robb
(Address) 1217 St Paul St

20. FILED July 12 1932 RRS. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased
If so, specify

(Signed) Wayne Tellis M. D.
Coroner

7/11/32 (Address) 524 Eastern Ave.

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

81273

CERTIFICATE OF DEATH

E 81273

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 203 N. Carey ST. (WARD) 18-26

2-FULL NAME James T. Godman

(a) RESIDENCE NO. 203 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anne P. Godman

DATE OF BIRTH (month, day, and year) Jan. 12, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	82	6	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 0/3
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. & O. R. R.

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Thomas Godman

11 BIRTHPLACE OF FATHER (city or town) Balto., (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Evelyn Godman

(Address) 2503 Oak St.

Filed 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquery (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquery (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy W. Thomsen, M. D. Coroner

7/11 1932 (Address) 203 Patapsco Ave Ext

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 13th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 Park Ave

D. B. 1268-9

81274 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81274

82-061

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 409 Lorraine Ave (Ward) 47-56

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate A. Colbert

(a) Residence: No. 409 Lorraine Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Robert B. Colbert

DATE OF BIRTH (month, day, year) Mar 25th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Strasser

(Address) 409 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date July 12 32

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th 32 to July 10th 32

last saw ... alive on July 10th 32 Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/7/32
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Jungmann M.D.

(Address) 401 E 25 St

D. B. 1268-9

E 81275 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81275

CERTIFICATE OF DEATH

Registered No. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital Ward 7-25

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy Anderson

(a) Residence: No. 657 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 12-1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jas Anderson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Blanche Watts

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT (Address) Viola McClellan 2216 Penna Ave

17. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 17, 1935

18. UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible], 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1935

22. I HEREBY CERTIFY, That I attended, deceased from [illegible], 19 [illegible] to [illegible], 19 [illegible]. Death is said

I last saw h[illegible] alive on [illegible], 19 [illegible]

to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide (Gunshot wound of heart	July 10th
Hemorrhage due to	

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19 [illegible]

Where did injury occur? Greenmount Ave & Preston
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Coroner

D. B. 1263-9

81276

HEALTH DEPARTMENT—CITY OF BALTIMORE

81276

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 13-57 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs John A. Miller (Jennie) R.

(a) Residence: No. 432 Falls Rd St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A Miller

7. DATE OF BIRTH (month, day, year) May 20, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation, (month and year) 6/26/32

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Hemlock Pa

13. NAME Wm. Heindle

14. BIRTHPLACE (city or town) (State or country) Hemlock Penn

15. MAIDEN NAME Ellen Wilson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband

(Address) 432 Falls Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Millers Run Pa Date July 14 1932

19. UNDERTAKER Fowler & Lewis

(Address) 1 E Lexington St

20. FILED July 14 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4 1932 to July 11 1932

I last saw her alive on July 11 1932. Death is said to have occurred on the date stated above, at 2.38 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	6/27
Other contributory causes of importance:	
Hyperpyrexia	7/9/32
Acute Dilatation of Heart	7/9/32
Pericardial effusion	7/9/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) John A Fowler M. D.

(Address) Union Memorial Hosp.

c.—2-29-28—L. F. S.—500 Blks.

E 81277

81277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3901 Old York Road ST., 9-47 WARD)

2—FULL NAME Anna L Worthington

(a) RESIDENCE NO 3901 Old York Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Bruce R. Worthington

ATE OF BIRTH (month, day, and year) Unknown

E Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, usiness, or establishment in hich employed (or employer) .....

(c) Name of employer .....

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

0 NAME OF FATHER Michael Burnitz

1 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

Informant Miss Tucker

(Address) 3901 Old York Road

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10-32

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to July 10, 1932,

that I last saw h.. alive on July 9, 1932

and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration
(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W Bowman Hood, M. D.

7/11, 1932 (Address) 216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 12, 1932
20 UNDERTAKER E. Leroy Stuffler, Inc.	ADDRESS 1256 E. North Ave.

—2-29-28—L. F. S.—500 Bks.

81278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81278

CERTIFICATE OF DEATH

117-001

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 4-25 ST., WARD)

2—FULL NAME Mr Nathan J. Levy

(a) RESIDENCE NO. 635 N. Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Katie

ATE OF BIRTH (month, day, and year) April 22, 1880

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	20	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter & Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) New York

0 NAME OF FATHER Harry Levy

1 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

2 MAIDEN NAME OF MOTHER Sprintzl

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Hospital record.
(Address)

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to July 11, 1932, that I last saw h alive on July 11, 1932 and that death occurred, on the date stated above, at 11:25 A.m.

The CAUSE OF DEATH* was as follows:

Perforated gastric ulcer

(duration) yrs. mos. ds. 9

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds. 2

18 Where was disease contracted if not at place of death? 63 N. Lex St.

Did an operation precede death? Yes Date of 7-2-32

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

7/11, 1932 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Rd

20 UNDERTAKER Sol Levinson & Bro

DATE OF BURIAL 7/12 1932

ADDRESS 1127 E Baltimore

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81279 81279

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 E. Eager St. 10-14 Ward)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S. if of foreign birth 58 yrs. — mos. — ds.

2. FULL NAME Katherine Haas

(a) Residence: No. 1202 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Haas

6. DATE OF BIRTH (month, day, year) Jan. 2nd 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michael Ullrich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Eisenaw

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John F. Ullrich

(Address) 1421 Hollrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date July 13 1932

19. UNDERTAKER Henry Woelfel Sons, Inc.

(Address) 501 E Eager St

20. FILED July 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to July 10th 1932

I last saw her alive on July 10th 1932. Death is said to have occurred on the date stated above, at 9.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Pneumonia	
Nephritis	

Other contributory causes of importance:

Cancer

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. F. Tolker M. D.

(Address) 4400 Belair Rd

D. B. 1268-9

81280 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E81280

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. Lorraine Ave 12-50 St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 54 yrs. ... mos. ... ds.

2. FULL NAME Mary F. Owens

(a) Residence: No. 326 E Lorraine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND (or) WIFE of Patrick J. Owens

DATE OF BIRTH (month, day, year) September 10 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecil Co. Md

13. NAME John J. Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mr. Patrick J. Owens

(Address) 326 E Lorraine Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 14 1932

UNDERTAKER Henry Breck Sons Inc

(Address) 1301 E Eager St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17 1932, to July 11 1932

I last saw her alive on July 8 1932 Death is said to have occurred on the date stated above, at 6. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	1929

Other contributory causes of importance:

Name of operation ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. Thompson Stroughill M. D.

(Address) 401 E 25th St

M. D. File No. 81281

HEALTH DEPARTMENT—CITY OF BALTIMORE

81281

CERTIFICATE OF DEATH

Registered No. V 137

1. PLACE OF DEATH Balto City Hospitals 16-21 St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 600) Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas H. Bennett

(a) Residence: No. 600 N Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Emma Bennett

6. DATE OF BIRTH (month, day, year) Nov 9-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER FATHER
13. NAME Peter Bennett
14. BIRTHPLACE (city or town) (State or country) Balto Co Md
15. MAIDEN NAME Mary Carter
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Date July 13 1932

19. UNDERTAKER Charles P Powell
(Address) 2904 Edmondson Ave

20. FILED JUL 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4 1932 to July 11 1932
I last saw him alive on July 11 1932 Death is said to have occurred on the date stated above, at 5-55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Pyelitis	?
Cystitis	6-10-32
Other contributory causes of importance:	
Uremia	7-10-32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lucius E Little M. D.
(Address) Balto City Hospitals

D. B. 1268-9

81282 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81282

CERTIFICATE OF DEATH

V 48

Registered No. 8-45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1695 Darley Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa C Schulz

(a) Residence: No. 1695 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad F Schulz

6. DATE OF BIRTH (month, day, year): Oct 29 th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 59	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Bernard F Stolte

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Doerflein

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Conrad F Schultz

(Address): 1695 Darley Ave

BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: July 13 19 32

UNDERTAKER: John J. Smith & Co

(Address): 2008 Eutaw Pl

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July II th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to July 11 1932

I last saw h alive on July 6 1932 Death is said to have occurred on the date stated above, at 505 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1523 N. Mass. Av.

D. B. 1268-9

Chaney.

1283 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81283

CERTIFICATE OF DEATH

V 114-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 18-26 (Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roland Chaney

(a) Residence: No. 827 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara (Unknown)

6. DATE OF BIRTH (month, day, year) Jan 26, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME OF FATHER Thomas Chaney

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary James (Address) 827 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date July 12 1932

19. UNDERTAKER Samuel H. Lindsley (Address) 578 Park Ave

20. FILED July 12 1932 Hunting Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1932 to July 9th 1932.

I last saw him alive on July 9th 1932. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abcess	5-11-32.
Other contributory causes of importance: Pulmonary Hemorrhage	7-9-32

Name of operation Drainage Abcess Date of 7-5-32

What test confirmed diagnosis? Lipiodol Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Millard H. Sprecher M. D.

(Address) University Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81284 V 131 E 81284

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1450 Boyle St. 24-33 (Ward)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R. Colwell

(a) Residence: No. 1450 Boyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 5th 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Louis Colwell

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Hubbard

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Chas Rebstock

(Address) 1450 Boyle St

18. BURIAL, CREMATION, OR REMOVAL

Place Edgar Hill Date 7-12 1932

19. UNDERTAKER E. T. B. Hirle

(Address) 415 E. Fort Ave

21932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932 to July 9th 1932

last saw h in alive on July 9 1932. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1930
Other contributory causes of importance: Chronic Nephritis.	1930

Name of operation Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) Sidney H. Strutt M. D.

(Address) 450 E Fort Ave

—2-29-28—L. F. S.—500 Bks.

81285 HEALTH DEPARTMENT—CITY OF BALTIMORE 59 E 81285

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 76-42 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Amelia Moore

(a) RESIDENCE NO. 4422 Rope ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. 0 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed or divorced WIFE of (or) HUSBAND of Frank Moore

7 DATE OF BIRTH (month, day, and year) July 5. 1877

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	5	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md.

11 NAME OF FATHER Macgler, John

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md

13 MAIDEN NAME OF MOTHER Schatt, Mary

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Hospital Records
(Address)

Filed 1 2 1932 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10. 1932

17 I HEREBY CERTIFY, That I attended deceased from 7-7, 1932, to 7-10, 1932, that I last saw h alive on 7-10, 1932 and that death occurred, on the date stated above, at 6⁰⁸ p.m.

The CAUSE OF DEATH* was as follows:
Hypertensive Card-vas. disease
(Cardiac & Vascular),
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus + Cerebral Hemorrhage (duration) 2 yrs. 2/3 mos. ds. Imp.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert F. Chenoweth, M. D.

July 12, 19 (Address) Md. General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL 7-13 1932

UNDERTAKER Bernard C Harle ADDRESS 1000 S Paca St

D. B. 1268-9

E 81286 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81286

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1617 Mc Henry St. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank L Varth. Sr.

(a) Residence: No. 1617 Mc Henry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Mary A Varth

DATE OF BIRTH (month, day, year): Nov 12 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street Car

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Conductor

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: 13

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Leopold Varth

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mary A Varth

(Address): 1617 Mc Henry St

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: 7-14-1932

UNDERTAKER: Bernard C Hoke

(Address): 1000 Park Ave

FILED: 7-14-1932 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932 to July 11, 1932

I last saw him alive on July 11, 1932. Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 mos
Other contributory causes of importance:	
Chronic Myocarditis	6 mos
Chronic Arteriosclerosis.	6 mos

Name of operation: None Date of: —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas Norton, M. D.

(Address) 1 E Lexington St

Cor.—10-10-29—A Co.—100 Bks.

E 81287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81287

CERTIFICATE OF DEATH

210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Balto. Gen. Hosp. St. 15-68 Ward)

2-FULL NAME Mrs. Addie S. Wright

(a) RESIDENCE NO. Glenburnie, Md. (1904 Dukeland St.) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
female	white	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses R. Wright Sr.

6 DATE OF BIRTH (month, day, and year) June 6, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Robert L. Taylor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Moses R. Wright Jr.
(Address) Glenburnie, Md.

15 Filed ..... 19 ..... Registrar

JUL 17 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull
Intracranial hemorrhage
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Automobile accident
Two autos collided
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Annapolis Rd. nr. Glenburnie
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) Joseph Sokony, M. D.
19 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Baptist Cem. Port Royal Va — DATE OF BURIAL July 18 1932

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 N Nor ave

Undertaker

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81288

E 81288 E 81287

CERTIFICATE OF DEATH

M 210-00?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Balto. Gen. Hosp. St. 24-33 Ward)

2-FULL NAME Mrs. Lena Wright

(a) RESIDENCE NO. Glenburnie, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 hrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses R. Wright

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	4	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER James Crouch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Moses Wright
(Address) Glenburnie, Md.

15 Filed 19 Registrar

JUL 21 1932 Huntington Williams, M.D.
Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Comp. fracture of base of skull.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile accident
Two autos collided.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Annapolis Rd. nr. Glenburnie
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) Joseph Jakovny, M. D.
, 19 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Enon Baptist Cemetery Port Royal Va — DATE OF BURIAL July 13 1932

20 UNDERTAKER Josiah Syfer — ADDRESS 1608 N. Nova Ave

81289 -100 B—50L

E 81289

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 186-001

CERTIFICATE OF DEATH

REGISTERED NO. 25-17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME William A. Radawskas.

(a) RESIDENCE NO 1640 Hazel St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Anthony R. Radawskas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithaunia.

12 MAIDEN NAME OF MOTHER Veronica Juazaitis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania.

Informant Anthony R. Radawskas. (father)

(Address) 1640 Hazel St.

Filed July 13 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Cervical Vertebrae.
Dove into water against a submerged pile. Occidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bar Cove. B. O. Co. Md. July 10, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

7/12/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. a.a. DATE OF BURIAL July 13 1932

20 UNDERTAKER John Grebliauckas ADDRESS 423 S. Paca St.

Director

H. D. R. 1268-9

81290

ME 81290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. 17 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Hopkins

(a) Residence: No. 1226 W North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Jewelry Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Castleberg & Co. 1906

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Marie Hopkins

(Address) 1226 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Interred 1/100 Date July 12 . 1932

UNDERTAKER

(Address) 76 ?

FILED JUL 12 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 . 1932

22. I HEREBY CERTIFY, That I attended deceased from injury & inquest to . 19

I last saw h. alive on Injury & inquest. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Intracranial hemorrhage.	6/11/32
Other contributory causes of importance:	
Struck by automobile	6/11/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/11 . 1932

Where did injury occur? North Ave & Mount Royal (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking

Nature of injury across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner . M. D.

(Address) 2260 E Madison St

H. D. R. 1268-9

1291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81291

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1322 Orleans St., 5-8 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron Stewart

(a) Residence: No. 1322 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice A. Stewart

DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Samuel Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Mary E. Matthews

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Alice A. Stewart

(Address) 1322 Orleans St.

BURIAL, CREMATION, OR REMOVAL

Place Johnsonian Date July 13th 1932

UNDERTAKER Byron Manic & Wright

(Address) 1218 McCulloh St

FILED ..... Registrar.

Deaths

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1932 to 7-10 1932

I last saw h alive on 7-10 1932 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/30/32
Other contributory causes of importance:	
Colds	

Name of operation None Date of —

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James R. Blake M. D.

(Address) 924 Fayette St.

M. D. B. 1268-9

81292 HEALTH DEPARTMENT—CITY OF BALTIMORE 81292

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 12-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?....yrs.....mos.....ds.

2. FULL NAME Baby Rice (Twin No. 1)

(a) Residence: No. 426 Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Bl.	.....

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) March 30, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
.....	....	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ernest Jones

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosa Rice

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. Hopkins Hospital Date 19

19. UNDERTAKER

(Address)

20. FILED Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. V. Antes, M. D.

(Address) Johns Hopkins Hospital

E 81293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81293

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 531 N. Carrollton Ave St. 26 Ward)

2-FULL NAME Margret Combs

(a) RESIDENCE NO. 531 N. Carrollton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Roy Combs

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	59	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) Easton

(State or country) Md

10 NAME OF FATHER Wolfe Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Tillman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Edna Johnson

(Address) 531 N. Carrollton Ave

Filed ..... 19 ..... Registrar

C 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7/10/32

17

I HEREBY CERTIFY, That I attended deceased from 6/30/ 1932, to 7/10/, 1932,

that I last saw h.... alive on 7/10/, 1932,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Aortic + Mitral Regurg.

Ch Interstitial Nephritis

(duration) Four yrs. mos. ds.

CONTRIBUTORY (Secondary) General Anasarca

(duration) About 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy! No

What test confirmed diagnosis! Usual

(Signed) Bernard J. Feeney, M. D.

7/11/1932 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 7-12 1932

20 UNDERTAKER John A. Tadvin ADDRESS 1027 Druid Hill Ave

D. B. 1268-9

81294 HEALTH DEPARTMENT—CITY OF BALTIMORE 81294

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 W. Saratoga St. 23 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Richard M. Manson

(a) Residence: No. 2018 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M.	W.	Married.

If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Katherine Dodd.

DATE OF BIRTH (month, day, year) Feb 5. 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fr. Salesman.

9. Industry or business in which work was done, as ~~silk mill~~, saw mill, bank, etc. Jun Co - 66

10. Date deceased last worked at this occupation (month and year) June 1924

11. Total time (years) spent in this occupation 3

BIRTHPLACE (city or town) (State or country) Nazareth. Pa.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Manson

(Address) 2018 W. Saratoga St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7/13/32. 19

UNDERTAKER John R. Conroy Son Inc

(Address) 2215 Eutaw St

Filed ..... 19.. Registrar.

7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11. 1932 to July 10. 1932

I last saw ~~him~~ alive on July 9. 1932. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	1/3/30
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. A. O'Neill, M. D.

(Address) 108 N Fulton Ave

D. H. 1268-9

E 81295

81295 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

* 92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Druid Hemmeldon Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence M. Buell

(a) Residence: No. Preston Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	marrid

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances M. Buell.

7. DATE OF BIRTH (month, day, year) Nov 22, 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME OF FATHER James Buell.

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME OF MOTHER Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Frances M. Buell

(Address) Canton, Md.

18. BURIAL, CREMATION, OR REMOVAL Interred, Bel Air Date July 14, 1932

19. UNDERTAKER Sherwood & Son.

(Address) 3615 Eastern Ave.

20. FILED July 15 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H. Hoffman M. D. Coroner

(Address) 1892 Ashland Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

296

CERTIFICATE OF DEATH

93-003

Registered No. 81296

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3123 Eastern Ave (St.) V-2 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary J. Hanratty

(a) Residence: No. 3123 Eastern Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Hanratty

DATE OF BIRTH (month, day, year): Aug 15 1879

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Daniel O. Connor

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Elsa Lancaster

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT: Miss Elsa Hanratty

(Address): 3123 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: July 17, 1932

UNDERTAKER: Kelly-Zuber Co.

(Address): 40 E. Lexington St.

JUL 1932 - 19 - HC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 19

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to July 11, 1932.

I last saw her alive on July 10, 1932. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	July 5 1932

Other contributory causes of importance:

Chronic Myocarditis.	6/1/31

Name of operation: None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Kelly M.D.

7/12/32 (Address) 315 S. Highland Ave.

81297

E 81297.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1—PLACE OF DEATH 11 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 727 Fairmount Ave ST. 4-26 WARD)

2—FULL NAME Sylvester Gray

(a) RESIDENCE NO. 727 Fairmount Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Gray.

ATE OF BIRTH (month, day, and year) 1909

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	—	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 5th

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER John Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lilla Vance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant Henrietta Gray
(Address) 727 Fairmount Ave

Filed 1932 Hunting [illegible]
Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11/32

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to July 11, 1932, that I last saw h[illegible] alive on July 11, 1932 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Card M. D.

7/12 1932 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 7-12 1932

20 UNDERTAKER James Easton

ADDRESS Pennsa Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 31298

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand French

(a) Residence: No. 7 Shepherd St Hyattsville Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 21, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20 yrs	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. filling station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ariz

13. NAME Chas. French

14. BIRTHPLACE (city or town) (State or country) N. M

15. MAIDEN NAME Helen Bennett

16. BIRTHPLACE (city or town) (State or country) Ariz

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Hyattsville Md. Date July 12, 1932

19. UNDERTAKER J Gaschi Song (Address) Hyattsville Md

Huntington Hospital (N.Y.)

FILED 1932 19 R. E. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to July 11, 1932

I last saw him alive on July 11, 1932. Death is said to have occurred on the date stated above, at 3 30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor,	
Malignant glioma	April 32
Other contributory causes of importance:	
—	

Name of operation Craniotomy Date of May 10

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W B Woodbridge M. D.

(Address) Johns Hopkins Hosp.

D. B. 1265-9

81298 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81299

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 191 East Gittings St. 24 Ward 33

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Vogt

(a) Residence: No. 191 East Gittings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Vogt

6. DATE OF BIRTH (month, day, year) Feb 17 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green Md

13. NAME Joseph J Baldwin

14. BIRTHPLACE (city or town) (State or country) York Pa

15. MAIDEN NAME Hannah Forsuch

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Josephine M O'Brien

(Address) 191 East Gittings

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/14 1932

19. UNDERTAKER William Cook

(Address) 121 St Paul St Huntington Village, N.Y.

19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1930 to July 12 1932

I last saw h[illegible] alive on July 11 1932. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	1929	[redacted]
Chr Myocarditis	1930	[redacted]
Chr Nephritis	1930	[redacted]
Other contributory causes of importance: Acute Cardiac dilatation		2 hrs

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. W. Bishop M. D.

(Address) 501 Sheridan Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81300 81300

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 17-44 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Bringman

(a) Residence: No. 17 Alleghany Ave, Towson Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 5, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME William Bringman

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Catherine Franke

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

INFORMANT M. S. Fowler
(Address) Union Mem. Hospital

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date July 14th 1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1932 Huntington Willcox M.D. Registrar. (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 to July 11, 1932

I last saw h[illegible] alive on July 11, 1932. Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary with general carcinomatosis	unknown
Other contributory causes of importance: Pulmonary infarct	3 days

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If [illegible]

(Signed) John S. Fowler M. D.

(Address) Union Memorial Hosp

Spec.-7-17-26—A Co.—200 Bks.

E 81301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

E 81301

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 Lake ave St. 27-46 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Hanson

(a) RESIDENCE NO. 308 Lake ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Boy	W	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6 DATE OF BIRTH (month, day, and year) July 12

7 AGE	Years	Months	Days	IF LESS than 1 day 1 hrs. or 40 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) 308 Lake ave

(State or country) Balto. md

PARENTS

10 NAME OF FATHER W R. Hanson

11 BIRTHPLACE OF FATHER (City or town) Worchester

(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Effie Land

13 BIRTHPLACE OF MOTHER (city or town) Lexington

(State or country) Kentucky

14 Informant Mr. W. R. Hanson

(Address) 308 Lake Ave.

15 Filed 1932 Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 July 12

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 12, 1932

that I last saw him alive on July 12, 1932

and that death occurred, on the date stated above, at 7.20 Am

The CAUSE OF DEATH* was as follows:

Premature

6 mo ♀.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Grol Zimmerman M. D.

7/12 1932 (Address) 1857 Hayford Rd

*(State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lexington Twp.

Date of Burial July 12 1932

20 UNDERTAKER Harry N. Pritzlu.

ADDRESS 401 Edmondson ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81302

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Hanover St.) (Ward) 23-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin J. Hartline

(a) Residence: No. 1733 Hanover St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Hartline

7. DATE OF BIRTH (month, day, year) June 7, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rubber Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Hartline

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rosa M. Gittens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Katherine E. Hartline

(Address) 1733 Hanover St

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date July 13 1932

19. UNDERTAKER C. Howard Evans & Son

(Address) 38 E. Lexington St.

FILED JUL 11 1932 Huntington Williams N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to July 10, 1932

That I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/1/28
Other contributory causes of importance:	
Arteriosclerosis Cardiac Dilatation	7/10/32

Name of operation None Date of —

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) H. J. Campbell M. D.

7/11/32 (Address) 1644 Hanover St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1303

CERTIFICATE OF DEATH

E 81303

Registered No. 92-80,

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Garden Apts St. 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Emory Waring, Jr.

(a) Residence: No. Garden Apts 40 Stone Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barclay Waring

DATE OF BIRTH (month, day, year) Dec. 5th, 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Emory Waring

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Jane Phillips Leary

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT [illegible]

(Address) [illegible]

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 7-13-49

UNDERTAKER [illegible]

(Address) [illegible]

21932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1949

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bobular Disease of Lungs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) [illegible] M. D.
(Coroner)

(Address) 1622 Roland Ave

pec.—1-12-23—M&T—500 Blks.

V

E 81304 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 001 E 81304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 Normal St. 8-45 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Henning

(a) RESIDENCE NO. 1602 Normal ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of or) WIFE of Thomas R. Henning

DATE OF BIRTH (month, day, and year) Nov. 9 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	75	7	1	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Staunton, Va

10 NAME OF FATHER James Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Staunton Va.

12 MAIDEN NAME OF MOTHER Diana Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Staunton Va

14 Informant: Clifford A. S. Henning (Address): 1602 Normal Ave

15 Filed 2 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1932 to July 10, 1932.

that I last saw her alive on July 10, 1932

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis with Insufficiency

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas W. Edmunds, M. D.

, 19 (Address) 2716 Allendale Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: July 13 1932

20 UNDERTAKER: Rula Brindfield — ADDRESS: 47 Grumont Ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81305 E 81305

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 W. Lafayette St., (E. or W.) 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Meser

(a) Residence: No. 2419 W. Lafayette St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Meser

6. DATE OF BIRTH (month, day, year) July 16 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mildred Meser

(Address) 2419 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date July 14, 1932

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St

Huntington Williams, R.S.

Registrar.

27932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 11, 1932

I last saw her alive on July 10, 1932 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Embolism)	7-1-32
Other contributory causes of importance: Arterio-Sclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mac Neill, M. D.

(Address) 108 N. Fulton Ave

D. B. 1265-9

81306 HEALTH DEPARTMENT—CITY OF BALTIMORE 81306

CERTIFICATE OF DEATH

Registered No. 71-001

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Guy Brown

(a) Residence: No. Mt Airy (Usual place of abode) Md St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hattie Brown

DATE OF BIRTH (month, day, year) 1878-5-3.

AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
54	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year) 2 | 32

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mt. Airy Md. Maryland.

13. NAME Chas. Brown.

14. BIRTHPLACE (city or town) (State or country) Unknown Maryland.

15. MAIDEN NAME Lydia Dudley

16. BIRTHPLACE (city or town) (State or country) Unknown Maryland.

INFORMANT Mrs. Hattie Brown.

(Address) R.F.D. Mt. Airy Md.

BURIAL, CREMATION, OR REMOVAL

Place Prospect Cemetery Date July 15 1932

UNDERTAKER C. M. Watts

(Address) Winfield Md.

FILED ..... 19.. ..... Registrar

7 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 19.. to July 12 1932

I last saw him alive on July 12 1932. Death is said to have occurred on the date stated above, at 11.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Primary) Pernicous Anaemia	1 | 31
Other contributory causes of importance: Pulmonary Oedema	6 hrs.

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? Direct (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice Jamison M. D.

(Address) Mt. Airy Md.

D. B. 1268-9

81307 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81307

CERTIFICATE OF DEATH

X V 53

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 1-9 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mildred Wishnatzki

(a) Residence: No. 2507 E. Cove St., ... Ward. Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-22-14.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME Hanna Wishnatzki

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Yetta

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Brooklyn NY Date 7/12/32

UNDERTAKER Joseph Ahrens
(Address) 624 Bway

FILED 7 13 1932 19 H. Livingston Wiltberger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28th . 1932 to July 12th . 1932
I last saw h[illegible] alive on July 12 . 1932 Death is said to have occurred on the date stated above, at 8 [illegible]m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor: Glioma malignant	1931

Other contributory causes of importance:

Name of operation Right Craniotomy Date of 7-12-32

What test confirmed diagnosis? Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Fred W. Stein M. D.
(Address) Johns Hopkins Hospital

30—M. & T.—100 B—50L

81308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81308

CERTIFICATE OF DEATH

REGISTERED NO. 157-083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 70-10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond W. Crostic

(a) RESIDENCE NO. 516 Hurley Lane (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 26 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Roy Crostic

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Virginia

12 MAIDEN NAME OF MOTHER Alice Earhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Dakota

Informant Roy Crostic

(Address) 516 Hurley Lane

JUL 13 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Abnormality of the Heart

(duration) Birth mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy R. Cromwell M. D.

7/12/32 (Address) 2103 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orchard Cemetery DATE OF BURIAL July 13 1932

UNDERTAKER Franklin W. Seitz ADDRESS 1902-1933 St

E 81309

30—M. & T.—100 B—50L

81309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 426 ST. Arlington Ave WARD 6-22

2-FULL NAME Alvie Gray

(a) RESIDENCE NO. 1036 N. Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 7 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Cronod Gray

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Young

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

Informant Sarah Crouse

(Address) 2018 McCulloh St.

Filed JUL 13 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) about 24 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Probably at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy W. Cromwell M. D. (Coroner)

7/12 1932 (Address) 103 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL July 12 1932

UNDERTAKER Archibald A. Gaddis

ADDRESS 1810 N. Caroline St.

c.—2-29-28—L. F. S.—500 Bks.

81310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

/31 E 81310

REGISTERED NO.

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 1073 W. Lexington ST. 18-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Hall

(a) RESIDENCE NO. 1073 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hall

ATE OF BIRTH (month, day, and year) February 28 1871

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	12	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) West River
(State or country) Maryland

10 NAME OF FATHER Harry Hall

11 BIRTHPLACE OF FATHER (city or town) West River
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Hall

13 BIRTHPLACE OF MOTHER (city or town) West River
(State or country) Maryland

Informant James A Hall

(Address) 1073 W Lexington St

Filed July 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1932

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to July 10, 1932,

that I last saw h[illegible] alive on July 10, 1932

and that death occurred, on the date stated above, at 1145A. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease (Chronic)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) No Others

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) C. H. Hunter, M. D.

July 11 1932 (Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL July 13 1932

20 UNDERTAKER Joseph A. Lively

ADDRESS 409 N Mount St

D. B. 1268-9

E 81311 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81311

CERTIFICATE OF DEATH

V 82-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Mount St. 16-22 Ward)

Length of residence in city or town where death occurred " yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Epps

(a) Residence: No. 1124 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

If married, widowed or divorced: HUSBAND of (or) WIFE of David Epps

6. DATE OF BIRTH (month, day, year) June 6 - 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Gilbert Coleman

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME OF MOTHER Nettie Cuffee

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Daniel Epps
(Address) 1125 N. Mount

BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date July 13, 1932

UNDERTAKER Joseph A. Lively
(Address) 1401 N. Mount St

Filed 1932 Theodore [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to July 9, 1932

I last saw h[illegible] alive on July 9 - 1932 Death is said to have occurred on the date stated above, at 8:[illegible] m.

The principal cause of death and related causes of importance were as follows:

Left hemiplegia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. L. Coleman, M. D.

(Address) 803 McCulloh

D. H. 1268-9

E 81312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81312

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1617 N. Spring St., 9-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. McMaines

(a) Residence: No. 1617 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Annie L. McMaines

DATE OF BIRTH (month, day, year) May 23rd 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John E. Hurst & Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert T. McMaines

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rose McAdams

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Annie L. McMaines

(Address) 1617 N. Spring St

BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date 7/15/ 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JUL 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to July 12 1932

I last saw him alive on July 12 1932 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	7/10/32
Other contributory causes of importance:	
Hypertension	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Hornstein M. D.

(Address) 733 Arlington Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81313

CERTIFICATE OF DEATH

E 81313

V 66-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred 29 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer A Klutch (Milton)

(a) Residence: No. ~~1103~~ 3205 Shell Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 8-1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29 ~~yrs~~	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Foundry

10. Date deceased last worked at this occupation (month and year) April 1931 | 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME William Klutch.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ada Bebler Hammer

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wm. Klutch

(Address) 3205 Shell Ave

BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date JULY 13 1932

UNDERTAKER Wm J Ijekmer & Sons

(Address) Wood & Pa

FILED JUL 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11 1932 to July 11 1932

I last saw him alive on July 11 1932. Death is said to have occurred on the date stated above, at 9 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre.	1931
Other contributory causes of importance:	
Lobular Pneumonia.	7/9/32

Name of operation Thyroidectomy Date of 7/5/32

What test confirmed diagnosis? Lab, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M ... Lowenhaupt M. D.

(Address) ... Balto

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81314 E 81314

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Harlem Ave St. 16-71 (Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Katherine Mitchell

(a) Residence: No. 3715 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Mitchell

DATE OF BIRTH (month, day, year) Dec. 2, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	2 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Conrad Cole

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Geo. D. Mitchell

(Address) 5611 Wayne Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Parran Cem. Date July 14, 1932

UNDERTAKER Wm. Fletcher Sons

(Address) North & Pa Aves.

FILED JUL 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 12, 1932

I last saw her alive on July 12, 1932 Death is said to have occurred on the date stated above, at 4-25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 11 1932

Other contributory causes of importance:

Chronic Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lally M.D. M. D.

(Address) 3517 Edmondson Ave

D. B. 1268-9

81315 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81315

CERTIFICATE OF DEATH

(Pronounced dead at Hopkins) 93-004

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1407 Philpot St St., 6-10 Ward)

Length of residence in city or town where death occurred Unknown mos. Unk ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bachmann

(a) Residence: No. 9 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Catherine Bachman

DATE OF BIRTH (month, day, year) Sept 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine-hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bag Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. NAME August Bachmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. E. Bachmann (son)
(Address) 8. Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date July 15th 1932

19. UNDERTAKER Lilly Bros Inc.
(Address) 403 S Broadway

FILED JUL 13 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Baltimore

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81316 E 81316

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tp.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Unk St. [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Farrell

(a) Residence: No. 505 Wilson st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Oct. 1, ?

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Virginia

13. NAME William H. Sheffordson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Louise Benford

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place buried Mt Zion Date 7/13 [illegible]

UNDERTAKER J. J. Tuohey & Son
(Address) 316 Light St
Huntington Peninsula, N.Y.

FILED [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11 1932 to July 10 1932
I last saw her alive on July 10 1932 Death is said to have occurred on the date stated above, at 11.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1929
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas Glennon Jr M. D.
(Address) Baltimore City Hospitals

D. B. 1268-9

81317. **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81317

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Marlborough Apts. 1 A.A. St. 14-20 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Stern

(a) Residence: No. Marlborough Apts. 1 A.A. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bakers' Supplies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Henry Stern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Strause

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Milton Frank
(Address) New York

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date 7/13/1932

19. UNDERTAKER Harid Sindheim & Son
(Address) 1902 Eutaw Place

20. FILED JUL 13 1932 Registrar's No. 10107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to July 12 1932

I last saw him alive on July 12 1932. Death is said to have occurred on the date stated above at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs
Other contributory causes of importance: Coronary thrombosis & acute dilatation of heart	1 day

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden Apts.

D. B. 1268-9

E 81318 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81318

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Bradley St., 17-24 (Ward)

Length of residence in city or town where death occurred 17 yrs. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Halstead

(a) Residence: No. 728 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Levi Halstead

DATE OF BIRTH (month, day, year) 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Josephus Wilson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT (Address) Jos Wilson 728 Bradley

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date July 13, 1932

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 ; last saw h alive on , 19 ; Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6 mo

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Smith Coroner, M. D.

(Address)

D. B. 1268-9

81319 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81319

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1729 Holliday St., 19-28 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. H. Hoeflich

(a) Residence: No. 1729 Holliday St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Lillian M. Hoeflich

DATE OF BIRTH (month, day, year) Dec 13-1874

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Winchester, Va

13. NAME OF FATHER Ernst Hoeflich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Elizabeth Engle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

INFORMANT Lillian M. Hoeflich

(Address) 1729 Holliday St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/14/32 19

UNDERTAKER F. D. Wappet

(Address) 300 Eastern Ave

FILED 7-14-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/32 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10 19 31 to 7/11 19 32

I last saw h alive on 7/11 19 32 Death is said to have occurred on the date stated above, at 2.15 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4/10/31
Terminal Edema	7/10/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James T. Lemley M. D.

(Address) 721 Medical Arts

H. D. B. 1268-9

81320 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 81320

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1578 Webster St. (Ward) 14-20

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo R. Klaus

(a) Residence: No. 1518 Webster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice

DATE OF BIRTH (month, day, year) Mar 15 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Patched
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jos. Klaus. Germany

13. NAME Catherine Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lawrence F. Klaus
(Address) 1518 Webster

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 7/15 ..., 32

19. UNDERTAKER Wilson-Cook
(Address) 217 St Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 ..., 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. G. Link, M. D.
Coroner

(Address) Coroner

D. B. 1268-9

Dr Campbell 1644 Hanover St

E 8132 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 1321

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No.) 778 West Hamburg St. (Ward) 21-27

ngth of residence in City or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen R. Granger

(a) Residence: No. 778 West Hamburg St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 23 1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	6	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Howard S Granger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary V. Stanley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Howard S. Granger
(Address) 778 West Hamburg

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/14 1932

UNDERTAKER Wm Cook
(Address) 1317 N Paul St.

FILED 7 14 1932 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to July 12 1932
last saw h[illegible] alive on July 11 1932 Death is said to have occurred on the date stated above, at 1A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	June 20/32

Other contributory causes of importance:

Acute dilatation of Heart	July 9/32

Name of operation No Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7/13/32 (Signed) R. H. Campbell M. D.
(Address) 1644 N Arnow St

Co. 5-31 250B

81322 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81322

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Beaumont Ave. St. 27-48 Ward) 8

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William V. Pippen,

(a) Residence: No. 813 Beaumont Ave. Govans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Sarah Jane Pippen,

6. DATE OF BIRTH (month, day, year) March 16, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper 045
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Edward A. Pippen,

14. BIRTHPLACE (city or town) (State or country) Gloucester Virginia

15. MAIDEN NAME Sarah Jane Vaughan,

16. BIRTHPLACE (city or town) (State or country) Gloucester Virginia

17. INFORMANT Wm. V. Pippen, Jr.
(Address) 813 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 15 1932

19. UNDERTAKER George W. Little,
(Address) 2700 Edmondson Ave.

FILED July 15 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 13 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1929 to July 12, 1932
I last saw ~~him~~ her alive on July 12, 1932 Death is said to have occurred on the date stated above, at 2.03 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chronic Nephritis	1926
Chronic Myocarditis	1926
Cerebral Hemorrhage	1931

Other contributory causes of importance:

Cerebral Hemorrhage	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. W. Cronin, M. D.
(Address) 201 Sheridan Av.

Co. 5-31 250B

81323 HEALTH DEPARTMENT—CITY OF BALTIMORE 81323

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 E. North Ave St., 9-18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James V. Dudley

(a) Residence: No. 1916 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 11, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26		8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoes
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James V. Dudley

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elizabeth Foley

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Dudley
(Address) 1916 E. North Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date July 14 1932

UNDERTAKER Rita Kriedfeld
(Address) 914 Pennsylvania Ave

FILED July 13 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-32

22. I HEREBY CERTIFY, That I attended deceased from 1-1-32, 19 ... to 7-10, 19 32
I last saw him alive on 7-7, 19 ... and that death is said to have occurred on the date stated above, at 1140 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 18 mos ago

Other contributory causes of importance:

Tuberculosis Ulcers — 2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Medford Downey M. D.
(Address) 800 N. Broadway

M. D. B. 1268-9

81324 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81324

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5-E. 33rd St. 10-5 Ward)

Length of residence in city or town where death occurred 25? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. Florence Kingsbury

(a) Residence: No. 5-E. 33rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freeman Ross Kingsbury

6. DATE OF BIRTH (month, day, year) March 11-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Collington Maryland

13. NAME Richard Standley

14. BIRTHPLACE (city or town) (State or country) Collington Md.

15. MAIDEN NAME Margaret Talbott.

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Harold Kingsbury

(Address)

18. BURIAL, CREMATION, OR REMOVAL Collington P.O. 21

Place Holy Trinity Cem. Date July 14 . 1932

19. UNDERTAKER Henry A. Higgins Son Co

(Address) 17 E. Lexington St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 . 1932

22. I HEREBY CERTIFY, That I Attended deceased from October 21 . 1931 . to July 12 . 1932

I last saw h. alive on July 12 . 1932 Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation with Stenosis	Unknown

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. R. Goodsborough Jr. M. D.

(Address) 2923 St Paul St

M. D. B. 1268-9

81325 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81325

CERTIFICATE OF DEATH

168

Registered No. 19-28

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh A. Barnes

(a) Residence: No. 219 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Barnes

7. DATE OF BIRTH (month, day, year) January 12, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Fitters Union

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Francis M. Barnes

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna R. Hardy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary A. Barnes
(Address) 219 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date July 15 1932

19. UNDERTAKER Joseph B Cook.
(Address) 1903 W. Baltimore St.

20. FILED 7/14/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him dead July 13th 1932 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Suicide by cutting Flesh and Artery of Left Arm above elbow with Razor

Date of onset

Other contributory causes of importance:

Ill health for 2 years

Cutting and Secondarily Loss of blood from cut

Name of operation — Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/12 1932

Where did injury occur? At home in bathroom
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Cutting by Razor

Nature of injury Cut left arm above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

7/14/32 (Signed) Guy N. Thomas M. D.
Coroner

(Address) 203 Patapsco Ave.

Co. 5-31 250B

E 81326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81326

59

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Poplar Grove St. 16-67 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel T. Richards

(a) Residence: No. 1034 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joanna Bishop Richards

6. DATE OF BIRTH (month, day, year) March 29, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year) July 9, 1932
11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph T. Richards

14. BIRTHPLACE (city or town) (State or country) Pocomoke City Maryland

15. MAIDEN NAME Hannah H. Helsby

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mr. L. W. Porter

(Address) 3908 Norfolk Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. (Bal.) July 14, 1932

UNDERTAKER Robt. H. Cook

(Address) 1002 W. Baltimore St.

FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 11, 1932

I last saw him alive on July 11, 1932 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
Dilatation of Heart	
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation none Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Helen V. Richard, M. D.

(Address) 1219 Poplar Grove St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81327 E 81327.

CERTIFICATE OF DEATH

82-007 Registered No.

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25-37 Ward)

Length of residence in city or town where death occurred 16 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Wratten Jr.

(a) Residence: No. 1708 Clarkson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 8, 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	25	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hamper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin factory
10. Date deceased last worked at this occupation (month and year) May 1932
11. Total time (years) spent in this occupation 4 yrs.
12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME Geo. Wratten Jr
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Katherine Goebel
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Mrs. Wratten
(Address) 3002 Brandywine
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park 7/15 1932
19. UNDERTAKER Geo. F. Young & Sons
(Address) 1518 E. Fayette St.
20. FILED 7-15-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 1932 to July 11 1932
I last saw h[illegible] alive on July 11 1932. Death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pancarditis	
Cerebral embolism	7/6/32

Other contributory causes of importance:

Anaemia (secondary)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. T. Young, M. D.
(Address) St. Joseph Hosp

D. H. 1268-9

E 81328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

CITY OF BALTIMORE: (No. ..... How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

Length of residence in city or town where death occurred ...yrs. 5 Weeks mos. ...ds.

2. FULL NAME Dr. Leland H. McIntosh

(a) Residence: No. Henderson N. C. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of Rose (same)

DATE OF BIRTH (month, day, year) Dec 12, 1880

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME Asa McIntosh

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Henderson

INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

BURIAL, CREMATION, OR REMOVAL Place Henderson N. C. Date July 13th 1932

UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to July 13, 1932

I last saw him alive on July 13, 1932 Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	1924
Other contributory causes of importance: Broncho-pneumonia	June 1932

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

81329 B—50L

81329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Peach Alley. 23-31 WARD)

2-FULL NAME Guy Deshields.(C)

(a) RESIDENCE NO 920 Peach Alley. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	38	----------		

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) White Haven Mo.

10 NAME OF FATHER Sheldy Deshields.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) White Haven Md.

12 MAIDEN NAME OF MOTHER Sibley Atwell.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) White Haven Md.

9 Informant John Deshields.(C) brother.

(Address) 920 Peach Alley.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt Coroner, M. D.

7/13/32 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel. Del.

DATE OF BURIAL 7-14 1932

20 UNDERTAKER James A Hayes

ADDRESS 142 W Fitch St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81330 E 81330

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 E. North Ave. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Wosch

(a) Residence: No. 1313 E. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Wm A. Wosch

DATE OF BIRTH (month, day, year) June 20th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME Matthias Zink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Sonefeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs G. Frank Dorn

(Address) 1313 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date July 16th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to July 13 1932

Last saw her alive on July 13 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	1 year
Other contributory causes of importance:	
Acute Pulmonary Edema	1 day

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Samuel B Wolf M. D.

Address 1331 E. North Ave

81331 HEALTH DEPARTMENT—CITY OF BALTIMORE 81331

CERTIFICATE OF DEATH.

REGISTERED No. 23 E

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 826 N. Stricke st. (St.) 16-32 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elwood Hill

(a) RESIDENCE No. 826 N. Stricker st. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Abt. 6yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) — 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Centercross, Va.

10 NAME OF FATHER: Frank Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Centercross, Va.

12 MAIDEN NAME OF MOTHER: Julia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Centercross, Va.

Informant: Mary Stanley (Sister)

(Address): 826 N. Stricker st.

Filed JUL 14 1932, 19 [illegible] Registrar, 19 [illegible] Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11th. 1932

17 I HEREBY CERTIFY, That I attended deceased from July 6th. 19 32 to July 11th. 19 32

that I last saw h im alive on July 9th. 19 32

and that death occurred, on the date stated above, at 7.a m.

The CAUSE OF DEATH* was as follows:

Pul. T.B.C.

(duration) yrs. 6? mos. ds.

CONTRIBUTORY (Secondary) xExposurex

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? Date of No.

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bowlers Wharf Va. DATE OF BURIAL: 7-14 1932

20 UNDERTAKER: Dent Easton ADDRESS Ft & Ca ave

Director

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81332

CERTIFICATE OF DEATH

160-002

E 81332

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) John Hopkins Hos. St. 2-4 Ward)

2-FULL NAME Eva Sadowski

(a) RESIDENCE NO. 2019 Eastern Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 10-1932

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Walter Sadowski

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Mary Galonski

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Walter Sadowski
(Address) 2019 Eastern Ave

15 Filed JUL 16 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intraperitoneal Hemorrhage
(small runture of liver-probably
birth injury- breech presentation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

7/14/32 (Address) 1308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus — DATE OF BURIAL July 16 1932

20 UNDERTAKER F. W. Ozazewski 1930 Eastern Ave — ADDRESS

Director

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81333 E 81333

81333

CERTIFICATE OF DEATH

162n

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1906 Aliceanna St. 2-E Ward)

ngth of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. If of foreign birth? 41 yrs. mos. ds.

. FULL NAME Magdalena Wolter

(a) Residence: No. 1906 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Joseph Walter

7. DATE OF BIRTH (month, day, year) 1847.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland,

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Magdalena Andrzejewska

(Address) 1906 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date July 16th 1932

19. UNDERTAKER George A. Weber

(Address) 1535 E. Lombard St

20. FILED July 18 1932 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932, to July 13, 1932

I last saw h[illegible] alive on July 13, 1932 death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Obv Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ND Date of injury ND 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify

(Signed) [illegible], M. D.

(Address) 1511 W. Lombard St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81334

1334

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave 23 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Anderson

(a) Residence: No. 822 N. Carrollton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT M. C. Aged Home

(Address) 822 N. Carrollton Ave.

BURIAL, CREMATION, OR REMOVAL Date July 14 1932

Place Laurel Cem

UNDERTAKER Samuel Hemsley Jr.

(Address) 1918 McCulloh St.

FILED July 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to July 12 1932

I last saw her alive on July 12 1932 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Other contributory causes of importance:	
Old age	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Shedley M. D.

(Address) 220 Druid Hill Ave

D. B. 1268-9

1335

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81335

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp (St.) 15-58 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas H. King

(a) Residence: No. 5120 Reisterstown Rd (St.) (Ward)

(If non-resident give city or town and State)

(b) Usual place of abode

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Mary B. King

6. DATE OF BIRTH (month, day, year) July 23 1874

AGE: Years 57 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jas H. King

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mary B. King

(Address) 2710 Boarman Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 16 1932

UNDERTAKER W. M. Rowlands

(Address) 2238 W. North Ave.

FILED JUL 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration — Sudden — Date of onset

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Fell in front 2710 Edmondson

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leith Brown M. D.

(Address)

D. B. 1268-9

E 31336 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 31336

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 609 Bouldin St. Ward) 9 26-2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C Casey

(a) Residence: No. 609 S Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel E. Casey

DATE OF BIRTH (month, day, year): July 26 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	11	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Of

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Washington D.C.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): ~

15. MAIDEN NAME: ~

16. BIRTHPLACE (city or town) (State or country): ~

INFORMANT: Ethel E. Casey
(Address): 609 Bouldin St.

BURIAL, CREMATION, OR REMOVAL
Place: Loretto Cemetery Date: 7/15 19 32

UNDERTAKER: Richard J. Gregor
(Address): 1420 Ashburton Ave

FILED JUL 14 1932 Registrar: Huntington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 8 19 32 to July 13 19 32

I last saw h.. alive on July 13 19 32 Death is said to have occurred on the date stated above, at 12:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1929
Angina Pectoris	1931
Bronco Pneumonia	July 11 1932

Other contributory causes of importance:

Fibroid Tuberculosis	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Wray Fowler M. D.

(Address) 350 Fort Ave

E 81337

D. H. 1268-9

81337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. 81337

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2804 Maisel St. 25 Ward) 32

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Ann Hickman

(a) Residence: No. 2804 Maisel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 8th 1932.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	-	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Howard A. Hickman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Grace Rickles.

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mr Howard Hickman

(Address) 2804 Maisel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/14/1932

19. UNDERTAKER Howard Hickman

(Address) 901 Pulaski Hwy Huntingtown Md

FILED FEB 14 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14/1932.

22. I HEREBY CERTIFY, That I attended deceased from July 8 1932. to July 14 1932. Death is said

I last saw him alive on July 14 1932. Death is said to have occurred on the date stated above, at 1.40 A. m.,

The principal cause of death and related causes of importance were as follows:

Failure of Foramen Ovales to close.

Date of onset

Other contributory causes of importance:

Unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. T. Seabury M. D.

(Address) 636 Fort Ave

2/14/32

D. B. 1268-9

Hr Harper 3034 E Balto St

81338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81338

CERTIFICATE OF DEATH

93-003

Registered No. 15-56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Reisterstown Rd St., 15 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Abraham Harris Sr.

(a) Residence: No. 3708 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa

DATE OF BIRTH (month, day, year) April 7 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 8 yr | 11. Total time (years) spent in this occupation 30 yr

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Sr Harris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Cecelia Barron

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sami Harris Son

(Address) 1429 E. Balto St

BURIAL, CREMATION, OR REMOVAL Date 7-14-32

Washington Rd Cemetery

UNDERTAKER Isaac Levin Sons

(Address) 1429 E. Balto St

FILED 7-13-32 Registrar Huntington Place, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to July 13 1932

I last saw h in alive on July 12 1932 Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis, senescence	5 yr ago
Fibrillation	
Chr. infectious arthritis	15 yr ago
Other contributory causes of importance:	
Pulmonary edema	2 day

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H W Schlange M.D. M. D.

(Address) 204 E Balto St

D. B. 1268-9

E 81339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 81339

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 E. Fairmount Ave. 6-9 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Issac Hertzbach

(a) Residence: No. 1830 E Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Anna Hertzbach

DATE OF BIRTH (month, day, year) ??

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ok
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Solomon Hertz Bach

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Asche

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Joseph Hertzbach
(Address) 3710 Eutaw Ave

BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem Date 7-14-32 19

UNDERTAKER Parks Sons Inc
(Address) 439 E Baltimore St.

FILED JUL 14 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13- , 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1932, to July 13 , 1932
I last saw him alive on July 12 , 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	

Other contributory causes of importance:

Name of operation Exploratory Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) James J. Stanton M. D.
(Address) 1512 Virginia Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81340 E 81340

CERTIFICATE OF DEATH

122-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Schmidt

(a) Residence: No. 2407 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Casper Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Born

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Christina Cleamon

(Address) 2407 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date July 16, 1932

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) 1113 Orleans St & Broadways, MD

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 12 1932

I last saw him alive on July 12 1932 Death is said to have occurred on the date stated above, at 6.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia	1 wk ago

Other contributory causes of importance:

Uremia Intestinal Obstruction	1 wk.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1341 108 E 81341

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1326 Smithson St., 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minerva Russell

(a) Residence No. 1326 Smithson St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word): Widow

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Andrew Russell

6-DATE OF BIRTH (month, day and year): — 1882

7-AGE: 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va.

PARENTS:

10-NAME OF FATHER: Gilead Baytop

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Patsy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va.

14- (Informant) Chas. Monroe

(Address) 1326 Smithson St

15- [illegible] July 13 1932 by Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 12, 1932

I HEREBY CERTIFY, That I attended deceased from June 22, 1932 to July 12, 1932

that I last saw her alive on July 12, 1932,

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

July 13, 1932 (Address) 1507 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: 7/15, 1932

20-UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania Ave

H. D. B. 1268-9

E 81342 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81342

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-26 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Moore.

(a) Residence: No. 230 N. Schroeder St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	M

6. If married, widowed, or divorced ~~Husband~~ of Essie Schroeder

DATE OF BIRTH (month, day, year) 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Waynesborough N.C.

13. NAME Robert Moore

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Martha Flowers

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Cemetery Date July 14, 1932

19. UNDERTAKER Mrs. Katie P. Williams
(Address) 2234 Schroeder St. Hunting for Undertaker

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1932, to 7-9, 1932

I last saw him alive on July 19, 1932 Death is said to have occurred on the date stated above, at 1,30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	3-14-32
Tuberculous Polyserositis	4-26-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

I, Lawrence ... Dean, M. D.
Director (Address)

30—M. & T.—100 B—50L

81343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81343

CERTIFICATE OF DEATH

8-2-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Auburn Square Hospital ST.) WARD 24

2-FULL NAME. Lee Harris

(a) RESIDENCE NO. 1350 Carroll ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Harris

7 DATE OF BIRTH (month, day, and year) May 22 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Family Welfare

9 BIRTHPLACE (city or town) (State or country) Eufaula Alabama

10 NAME OF FATHER Columbus Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Ella Harris

(Address) 1350 Carroll St

Filed OCT 1 1932 Huntington Williams Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(duration) yrs. about 1 hour mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Guy N. Cromwell M. D. Coroner

7/13/32 (Address) 203 Palmetto Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL July 16, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31344 E 31344

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V34 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 34 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Boldeun Bogue

(a) Residence: No. 155 Bond St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Unknown

If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 14, 1932

UNDERTAKER Wm. P. Elliott & Son
(Address) 1728 Eastland Ave.

FILED JUL 14 1932 19... State File No. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to July 11, 1932

I last saw her alive on July 11, 1932 Death is said to have occurred on the date stated above, at 3:00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7

Other contributory causes of importance:

Acute pneumonia, Right type + Syphilis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Goodman M. D.

(Address) Baltimore City Hospitals

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31345 E 31345

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Newport Gilmore

(a) Residence: No. 1004 Leadenhall St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Gilmore

6. DATE OF BIRTH (month, day, year) June 18 ??

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) S. Carolina

13. NAME Joby

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Minnie Hemphill

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Records Balto City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 14 1932

UNDERTAKER Mrs. M. C. Elliott

(Address) 1125 Ashland Ave.

FILED 7-14-1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7-1932 to 7-11-1932

I last saw h... alive on 7-11-1932 Death is said to have occurred on the date stated above, at 2.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	5 yrs

Other contributory causes of importance:

Pneumonia, infectious	3 days

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7-11-1932 (Signed) Elmer Hitchens M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

E 81346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81346

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 15-63

CITY OF BALTIMORE: (No.) Sinai Hospital (Street)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Julia Cohen

(a) Residence: No. 3700 Harchester Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE Ephriam Cohen

DATE OF BIRTH (month, day, year) Feb 24, 1859

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Sam'l Grinspelden

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Rosenfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E Cohen

(Address) 3700 Harchester Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date July 15, 1932

19. UNDERTAKER David Goldsmith & Son

(Address) 1702 Eutaw Place

20. FILED JUL 14 1932, 19... Huntington Williams, M.D. Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13-32

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 13, 1932

I last saw her alive on July 13 '32 Death is said to have occurred on the date stated above, at 4½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystetis & cholelithiasis	
Other contributory causes of importance: Carcinoma of Gall-Bladder Bronchopneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. Cohen, M. D.

(Address) Sinai Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81347

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 10-44 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth: ..... yrs. ..... mos. ..... ds.

2. FULL NAME Brother Aloysius John Case

(a) Residence: No. St James Victory St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 2 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Brother
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Records of St James Church
(Address) 225 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date July 14, 1932

19. UNDERTAKER Kenny Hoech & Sons
(Address) 301 E Eager St

20. FILED 7-15-1932 Hospital in Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13-1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1932 to July 13, 1932
I last saw him alive on July 13, 1932. Death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal failure

Date of onset

Other contributory causes of importance:

Strangulated hernia

Name of operation Hemiplasty Date of 7/7/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. J. Gaines M. D.

(Address) St Joseph Hospital

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81348 81348

CERTIFICATE OF DEATH

V107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1528 Hay Alley St., 23-4 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME William Taylor

(a) Residence: No. 1528 Hay Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mercy of Md Date July 14 19..

UNDERTAKER
(Address)

FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 19..

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 130 N. Eutaw St.

Z. D. B. 1268-9

81349 HEALTH DEPARTMENT—CITY OF BALTIMORE 81349

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Thames St. 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Casey

(a) Residence: No. 711 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date July 14, 1932

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Arterial Hypertension	

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify...

(Signed) H. Jenkins M.D. M. D.
Coroner
(Address) 1305 N Fallsway

D. B. 1768-9

E 81350

81350 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 19-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Queen

(a) Residence: No. 715 N Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year)

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Univ. of M. Date July 14, 1927

UNDERTAKER [illegible]

(Address)

FILED 19 [illegible] Registrar.

THE MORTUARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1927

22. I HEREBY CERTIFY, That I attended deceased from — , 19 , to — , 19

I last saw h — alive on — , 19 Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterial Hypertension	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. J. Hergenrad M. D.
Coroner

(Address) 205 N. Gutterson St.

D. B. 1268-9

81351 HEALTH DEPARTMENT—CITY OF BALTIMORE 81351

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 10-14 V 23

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gracie Townes

(a) Residence: No. 902 Sterling st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clarksville
(State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date July 12 19 32

19. UNDERTAKER
(Address)

20. FILED ..... Huntington Williams, M.D.
Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 29 19 32 to July 11 19 32

I last saw her alive on July 11 19 32 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	30 days ago.
Myocardial Insufficiency	10 days ago.

Other contributory causes of importance:

Name of operation ..... Date of None

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Glenn Jr. M. D.

(Address) Baltimore City Hospitals

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

31352 E 31352

CERTIFICATE OF DEATH

93-003

12-50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 21 W. 27th. St. St., ... Ward)

ngth of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Dean

(a) Residence: No. 21 W. 27th. St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Dean

DATE OF BIRTH (month, day, year) May 10th, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Richard Dean

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Martha Quinn

16. BIRTHPLACE (city or town) (State or country) Deleware

17. INFORMANT Margaret E. Dean

(Address) 21 W. 27th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 15, 1932

19. UNDERTAKER Chas. H. Grace & Son

(Address) 111 W. Madison St.

FILED JUL 16 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932 to July 12, 1932

I last saw h.. alive on July 12, 1932 death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	
(Sclerosis of vessels & myocardial	1927
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Bate, M. D.

(Address) 2435 Maryland Ave

Director

. D. B. 1268-9

1353

E 31353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 12-50 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Rowley

(a) Residence: No. 703 S Greenmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 9th 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	5 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Stanley Rowley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Hurst

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Catherine Rowley

(Address) 703 S Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place University Hosp Date July 14th 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 14 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9th 1932 to July 9th 1932

last saw him alive on July 9th 1932 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	

Other contributory causes of importance:

Prematurity

Adm. to Greenmount

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

(Address) Univ. Hosp.

Spec.—9-30—A. & Co.—250 Bks.

81354 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81354

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1731 N Broadway St 8-17 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine L Rever

(a) RESIDENCE NO 1731 N Broadway ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs 2 mos 8 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 4 1884

AGE 48 Years 2 Months 8 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Enterprise Fuel Co

(c) Name of employer Enterprise Fuel Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER George H Rever

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Caroline Klingler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry Rever
(Address) 1731 N Broadway

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1932 to July 12 1932

That I last saw h.. alive on July 12 1932

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver

(duration) yrs. 7 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Exam + X Ray

(Signed) E. H. Tapper M.

..... 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery DATE OF BURIAL July 15 1932

20 UNDERTAKER Geo Saulsbury & Son ADDRESS 1124 E Fayette St

George H Schilling

M. D. B. 1268-9

81355 HEALTH DEPARTMENT—CITY OF BALTIMORE 81355

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-B Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola Bartkowiak

(a) Residence: No. 2700 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter J. Bartkowiak

6. DATE OF BIRTH (month, day, year) May 27 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Thomas Hoyt

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Jones ?

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date July 16 1932

19. UNDERTAKER Stephen J. Leatkowski
(Address) 1000 N. Edwood Ave

JUL 14 1932 by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1932 to 7-12 1932

I last saw her alive on 7-12 1932 Death is said to have occurred on the date stated above, at 5.24 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 1/4 yrs.
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-0

E 81356

81356 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4346 Falls Rd St. 27-57 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Fainer

(a) Residence: No. 4346 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris S. Fainer

DATE OF BIRTH (month, day, year) June 30, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33.		32	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gambier Carroll Co Md

13. NAME Geo. M. Brothers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Morris S. Fainer (husband)

(Address) 4346 Falls Rd.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 15/ 1932

UNDERTAKER J. Walter Davis

(Address) 3418 Chestnut Ave

FILED 1932 Hunting 7/16 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12/ 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30. 1930. to July 12 1932

I last saw h-e alive on 7/12 1932 Death is said to have occurred on the date stated above, at 10 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Cardiac Failure

Generalized Tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Wheatley M. D.

(Address) 4037 Falls Road

81357 A Co.—250 Blks

E 81357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home and Infirmary ST. 7-12 WARD)

2. FULL NAME Mrs Anna Zelenka

(a) RESIDENCE NO. 2643 E Madison St. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mr William Zelenka

7 DATE OF BIRTH (month, day, and year) July 2 1885

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	1885	11	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Antone Neuman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Josephine Hagar

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland.

14 Informant (Address) Sister Visitor Sisters
Of Patient St Commissioner

15 Filed 1932 [illegible] Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12-1932

17 I HEREBY CERTIFY, That I attended deceased from 7-7- , 1932 , to 7-12- , 1932

that I last saw her alive on 7-12- , 1932

and that death occurred, on the date stated above, at 10 05 A. M.

The CAUSE OF DEATH* was as follows:

Obstructive Jaundice

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Stricture of common bile duct

(duration) yrs. 7 mos.? ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? yes Date of 7-11-32

Was there an autopsy?

What test confirmed diagnosis? X-ray - operation

(Signed) C. N. Adams M. D.

19 (Address) Church Home Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 15 1932

20 UNDERTAKER Frank Crockson 1906 Eastern Ave — ADDRESS

D. B. 1264

81358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81358

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (No. Providence Hosp 14-20 Ward)

CITY OF BALTIMORE

Length of residence in city or town where death occurred .yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reed Cromwell

(a) Residence: No. White Hall Md Ward.

(Usual place of abode) (If non-resident give town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmora

DATE OF BIRTH (month, day, year) 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md

13. NAME Wm Cromwell

14. BIRTHPLACE (city or town) (State or country) Bath Md

15. MAIDEN NAME Lilly Harris

16. BIRTHPLACE (city or town) (State or country) Bath Co

17. INFORMANT Max Thorton

(Address) White Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place Capel Date July 17. 1932

19. UNDERTAKER P. Trachtenberg & Son

(Address) White Hall Md

20. FILED July 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Gun shot wound of head & chest.	
Other contributory causes of importance: 5 Days	

Name of operation Regular Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place White Hall Md

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. O. Quick Coroner M. D.

(Address) Bel Air

ACo. 5-11 2508

1359 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81359

CERTIFICATE OF DEATH

46

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Bentalou St. 50-64 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Bell

(a) Residence: No. 5 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret A. Bell

DATE OF BIRTH (month, day, year) July 15, 1858

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Bank 162

10. Date deceased last worked at this occupation (month and year) May 30, 1931

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John A. Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sarah E. Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. John J. Farnan
(Address) 5 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 16, 1932

19. UNDERTAKER
(Address) 1003 W. Baltimore St.

20. FILED July 16 1932

Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to July 12, 1932

I last saw him alive on July 12, 1932 Death is said to have occurred on the date stated above, at 7.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) 5209 Edmondson Ave.

Spec. S.—100 Bks.

81360

E 81360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO. 27-56

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Manchester ST., 27 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lawrence Geo Kazmierczak Jr.

(a) RESIDENCE NO. 3728 Manchester ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Wht	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 14/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md.

10 NAME OF FATHER Lawrence Geo Kazmierczak

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Kucharowski

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant Mrs Geo Kazmierczak
(Address) 3728 Manchester

Filed July 16 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14/32

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1932, to July 14, 1932, that I last saw him alive on July 14, 1932 and that death occurred, on the date stated above, at 1102 m.

The CAUSE OF DEATH* was as follows:

Prematurity due to fall of mother down stairs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ec Hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ed Smith M. D.

7/14, 1932 (Address) 600 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL July 15 1932

20 UNDERTAKER P W Ozarowski

ADDRESS 1930 Eastern Ave

H. D. B. 1268-9

E 81361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81361

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1536 Boyle St. 24 34 (Ward)

Length of residence (in city or town where death occurred) ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John W. Hartlove

(a) Residence: No. 1536 Boyle St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~) Belle Hartlove

7. DATE OF BIRTH (month, day, year) Jan 4 [illegible]84

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James H. Hartlove

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Mary M Shanklin

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mary M. Hartlove
(Address) 1526 Boyle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 7/16 .32

19. UNDERTAKER William Cook
(Address) 1219 St Paul Street

20. FILED ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8 . 1932 to July 14 . 1932

I last saw him alive on July 13 . 1932. Death is said to have occurred on the date stated above, at 4-1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/11/32

Other contributory causes of importance:

Non Recovery

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) W. T. Stabler, M. D.

(Address) 606 Fork

-30—M. S. T.—100 B—50L.

E 81362

1362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) In front of Pa. R.R. Station ST., 15-21 WARD)

2-FULL NAME Mary Deming Fangmeyer.

(a) RESIDENCE NO. 2026 N. North Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Fangmeyer.

6 DATE OF BIRTH (month, day, and year) February 1, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas.

PARENTS

10 NAME OF FATHER Edwin A. Deming.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Annie K. Owens.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Fred Mainster. (sister)
(Address) Cockeysville, Md.

15 Filed ..... , 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemiardi, M. D. Coroner

7/14/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 7/15 1932

20 UNDERTAKER Mclain Cook

ADDRESS 1215 St Paul

Spec.–7-17-26—A Co.—200 Bks.

E 81363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81363

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2200 E. Hoffman St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Sophia Sandrock

(a) RESIDENCE NO. 2200 E. Hoffman St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William C. Sandrock

6 DATE OF BIRTH (month, day, and year): August 19 - 1856

7 AGE: Years 77 Months 10 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Wagner

11 BIRTHPLACE OF FATHER (City or town) ..... (State or country): France

12 MAIDEN NAME OF MOTHER: Louise Mertens

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country): Germany

14 Informant: Edgar P. Sandrock (Address) 3 Regent Court Rd

15 Filed JUL 14 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July - 14 - 1932

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to July 14, 1932 that I last saw her alive on July 14, 1932 and that death occurred, on the date stated above, at 11:40 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cholecystitis Chronic

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted —

If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edgar P. Sandrock M. D.

19 , 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: July 16 1932

UNDERTAKER: Wm. C. Black ADDRESS 927 N. Broadway

AACo. 5-31 250B

E 81364 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81364

34

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 S. Catherine St. St., 20-6th Ward)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Blunt

(a) Residence: No. 135 S. Catherine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Late Nina May Jubb Blunt

DATE OF BIRTH (month, day, year) Jan. 9, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Blunt

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles W. Blunt
(Address) Lansdowne, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date July 15, 1932

19. UNDERTAKER Harry S. Nattle
(Address) 4101 Edmondson Ave.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 July, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1 June, 1932, to 12 July, 1932

I last saw h[illegible] alive on 12 Jun[illegible] 1932; death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic aneurysm	2 yrs +
Other contributory causes of importance: Myocarditis	2 yrs +

Name of operation None Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Z. Vance Hooker, M. D.

(Address) 256 Bridenbaugh Ave.

A&Co. 5-31 250B

V.F. 81365

81365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (No. 122 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Roberts

(a) Residence: No. ..... St., ... Ward. Bath, Maine
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white0	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 14, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Booth Bay Maine

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Booth Bay Me

15. MAIDEN NAME Mary K. Barton

16. BIRTHPLACE (city or town) (State or country) Booth Bay Me.

17. INFORMANT (Address) Records, U.S.Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 15, 1932

19. UNDERTAKER Harry A. Tuttle (Address) 4101 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to July 13, 1932

I last saw him alive on July 13, 1932 death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma, bronchial	about 8 yrs
Other contributory causes of importance:	
Cardiac dilatation, acute	7-11-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H.A. Abbott, M. D.

(Address) U.S. Marine Hospital, Balto.

A&Co. 5-H 250B

81366 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108. E 81366

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. 12-51

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George East

(a) Residence: No. RFD #5, Box 204, Roanoke, Virginia Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 2, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	28	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B.Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 5-18-32
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Richmond E. East

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sally Johns

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S.Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Ant. Olivet Date July 15 1932

19. UNDERTAKER Harry N. Cwtzyle
(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to July 13, 1932.
I last saw him alive on July 13, 1932, death is said to have occurred on the date stated above, at 4:00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7-6-32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab.& clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G.H.Abbott, M. D.
(Address) U.S.Marine Hospital, Balto.Md.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81367 E 81367

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 9-27 Ward)

Registered No. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Gattus

(a) Residence: No. North Point Road Md St., ... Ward. near Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Gattus

7. DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
54				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stephen Gattus

(Address) North Point Rd Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 15 1932

19. UNDERTAKER John M Welty

(Address) 401 S. Chester St

20. FILED JUL 16 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-25-32, 19..., to 7-12, 1932

I last saw h[e] alive on 7-12, 1932 death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Other contributory causes of importance:	
Cholelithiasis	

Name of operation Cholecystostomy Date of 6/25

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldred Roberts M. D.

(Address) Franklin Sq Hospital

1-30—M. & T.—100 B—50L

E 81368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81368

CERTIFICATE OF DEATH

93-00f

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverside Park. ST. 24-34 WARD

2-FULL NAME August Soda.

(a) RESIDENCE NO 230 E. Barney St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 50 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Margaret Soda.

6 DATE OF BIRTH (month, day, and year) January 11, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) City Highway Dept.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Margaret Soda. (wife)

(Address) 230 E. Barney St.

15 Filed JUL 13 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

7/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A&C

DATE OF BURIAL 7-15 19 32

UNDERTAKER Ed. B. Hardt

ADDRESS 115 E. Hoffman St.

W. D. B. 1268-9

E 81369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81369

CERTIFICATE OF DEATH

82-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1214 Linden Ave (St.) 11-24 (Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine L. Hundertmark

(a) Residence: No. 1214 Linden Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Jan 12 186

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of father: August Hundertmark

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Katherine Enkisch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mary Eisenhardt

(Address) 1214 Linden Ave E.

18. BURIAL, CREMATION, OR REMOVAL: Date 7-16 19 32

Place Pikesville Md

19. UNDERTAKER: Mrs Dyer & Rhode

(Address) 3827 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931 to July 14, 1932

I last saw him alive on July 14, 1932

Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset .....

Other contributory causes of importance:

Cerebral Softening & dementia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, when? .....

(Signed) Wm L. Dubert M. D.

(Address) 4754 Park Ave

1-30—M. & T.—100 B—50L

E 81370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

E 81370

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2556 W. Fayette ST. 20-64 WARD

2-FULL NAME Hugh J. McGowan

(a) RESIDENCE NO. 2556 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McGowan

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John McGowan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Margaret McGowan

(Address) 2556 W. Fayette

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hernia Umbilicus (duration) Indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy H. Cromwell M. D. Coroner

7/14 1932 (Address) 203 Patapsco Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 7/16 1932

20 UNDERTAKER Eugene A. Turley Funeral

ADDRESS Fayette

M. D. B. 1268-9

81371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81371

CERTIFICATE OF DEATH

Registered No. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 W. Lexington St. 18-26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty G. Bey

(a) Residence: No. 925 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Graham Bey

6. DATE OF BIRTH (month, day, year) — 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Wm. Smith

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Annie Thomas

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Graham Bey

(Address) 925 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7-15-32

19. UNDERTAKER Dent Funeral Home

(Address) 916 Pa

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

7/14/32 (Address) 2... Eastern Ave

M. D. B. 1268-9

E 81372 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81372

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 12-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Dawson

(a) Residence: No. 1719 Maryland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 2 1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6th

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Linch Dawson

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME India Lane

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ellis, Shelton
(Address) 103 N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date July 15 1932

19. UNDERTAKER M. A. Lee
(Address) 1232 Pennsylvania Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7:40 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1265-9

Richard Kure Talmann ✓ E 81373

E 81373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-603 2940

Registered No. 27-54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5802 Dale Rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Kure Talmann

(a) Residence: No. 5802 Dale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

6a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-7-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME As Bjorn Talmann

14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Gunborg Kure

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Father - A K Talmann
(Address) 5802 Dale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 15, 32

19. UNDERTAKER John A. Warden
(Address) 6000 E. Balto St.

20. FILED Jul 1 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1932 to 7-14 1932

I last saw him alive on 7-14 1932 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Septal defects.	
Myocardial failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? 5802 Dale Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Thomas J Dawes M. D.

(Address) 1011 N Charles St

M. D. B. 1268-9

E 81374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81374

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ulysses Wilson

(a) Residence: No. 215 S. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Destina Wilson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME William Wilson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nancy Wright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roland Wilson

(Address) 215 S. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date 7/15 1932

19. UNDERTAKER Pulte Bros Inc

(Address) 136 W. Lanvale St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene Tuttle M. D.
Coroner

7/15/32 (Address) 2739 Eastern Ave

pec.—2-29-28—L. F. S.—500 Bks.

81375

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

E 81375

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md Gen. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Geo. C. Stanley Jr.

(a) RESIDENCE NO. 122 N. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 4 32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Fire Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired Chief

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George C. Stanley

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Roach

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Angelus Reed

(Address)

Filed JUL 15 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 - 1932

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 15, 1932, that I last saw h[illegible] alive on July 15, 1932 and that death occurred, on the date stated above, at 4:10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue
and jaw

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds. 3

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Tissue culture

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md. General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 16 1932
20 UNDERTAKER John F. Denny	ADDRESS 735 Light St

Cor.—1-12-23—M&T—100 Bks.

81376 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81376

M

210-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST. ..... WARD .....

2-FULL NAME Samuel Indich

(a) RESIDENCE NO. 1345 W. North ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 29, 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	12 15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Max Indich

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER Rebecca Klin

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Romania

Informant Max Indich
(Address) 1345 W. north ave

Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured base of skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Struck by auto while playing in road (duration) 1 mos. 13 31 ds.

(Signed) Joseph P. Kenny M. D.
(Coroner.)

192 (Address) 2200 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chevra Shalom DATE OF BURIAL July 1932

20 UNDERTAKER Sol Levinson & Bro ADDRESS 1127 E Balto st

M. D. B. 1268-9

E 81377 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81377

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gus Waltemyer

(a) Residence: No. Barnesville St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52 ?	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Well driller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) July 7, 1932

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Penna Pennsylvania

MOTHER FATHER

13. NAME Jerry Waltemyer

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT M. S. Seclet

(Address) Union Mem. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Stewarts town Date 7/16 1932

19. UNDERTAKER William Cook

(Address) 1217 St. Paul Street

20. FILED 1932 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 14, 1932

I last saw him alive on July 14, 1932? Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 11
Other contributory causes of importance: Pneumonia (bronchial)	July 12 ?
Hypostatic	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Fowler M. D.

(Address) Union Memorial Hosp.

Spec.—1-12-22—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81378

E 81378

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2531 Robb St., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Gunzelmann Jr

(a) RESIDENCE NO. 2531 Robb ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write the word) infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-15-32

7 AGE Years Months Days If LESS than 1 day, hrs or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Martin Gunzelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Martin G. Gunzelmann

(Address) 2531 Robb Street

15 Filed 7-16-32, 19 Hortense Whitaker, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15 1932

17 I HEREBY CERTIFY, That I attended deceased from 7-13-32, 19, to 7-15-32, 19

that I last saw him alive on 7-15-32, 19

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

7 1/2 mos.

CONTRIBUTORY (Secondary) Bronchitis 7 days

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 100 West Oliver St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 7/15 1932

20 UNDERTAKER William Cook

ADDRESS 1217 Edmondson Ave

AACo. 5-31 250B

81379 HEALTH DEPARTMENT CITY OF BALTIMORE 81379

CERTIFICATE OF DEATH

Registered No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2720 Huntingdon Ave Ward 51

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ronald C Rexroth

(a) Residence: No. 2720 Huntingdon Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME OF FATHER Nelson Rexroth

14. BIRTHPLACE (city or town) (State or country) Balto City

15. MAIDEN NAME OF MOTHER Louise Dairy

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Royston

(Address) 2720 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 15 1932

19. UNDERTAKER H S Marshall

(Address) 3324 Loch Raven Road

JUL 15 1932 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to July 14, 1932

I last saw him alive on July 14 1932 death is said to have occurred on the date stated above, at 9 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	June 27/32
(Jaundice)	
Other contributory causes of importance:	
Acute Indigestion	

Name of operation ... Date of ...

What test confirmed diagnosis? Surgical Examination Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lester M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

E 81380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81380

CERTIFICATE OF DEATH

1591

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1261 E. Fayette St., 5-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Jackson

(a) Residence: No. 1261 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 14, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ..3.. hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

13. NAME Cleveland Jackson

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

15. MAIDEN NAME Lydia Cockey

16. BIRTHPLACE (city or town) Sumpter (State or country) South Carolina

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jefferson Med College Date July 14, 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 15 1932, 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 14, 1932

I last saw him alive on July 14, 1932. Death is said to have occurred on the date stated above, at 5:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alexander Norris M. D.

(Address) 1516 Madison Ave

D. B. 1268-9

E 8138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 8138

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S Dallas St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moulda James

(a) Residence: No. 123 S Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place U of Md College Date July 15, 19 32

UNDERTAKER [illegible]

(Address)

FILED JUL 15 1932 19 Emily Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of Heart due to Stab wound — Date of onset

Other contributory causes of importance: Mercurochrome

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury July 1, 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Stab wound (Pocket Knife)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1303 N Patterson Park Ave

1-30—M. & J.—100 B—50L

E 81382

E 81382

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 835 Clifford St. (Ward) 21-24

2-FULL NAME Daniel Makel

(a) RESIDENCE No. 835 Clifford ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Makel

6 DATE OF BIRTH (month, day, and year) ? ? ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	80	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): used to work
(c) Name of employer: on City dump cart

9 BIRTHPLACE (city or town) (State or country): Calvert County

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Probably Calvert Co.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Probably Calvert Co

14 Informant: Mamie Makel (Address) 835 Clifford St.

15 Filed JUL 5 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Chronic Myocarditis

about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Chronic Nephritis about (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Thomwell M. D. Coroner

7/8/1932 (Address) 293 Patapsco Ave. Brooklyn

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] DATE OF BURIAL July 10 19 32

20 UNDERTAKER: Dept. of Health ADDRESS

M. D. B. 1268-9

E 81383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81383

CERTIFICATE OF DEATH 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Gittings Ave St. 24 Ward 22)

Length of residence in city or town where death occurred ..... yrs. 73 mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME John G Schmeiser

(a) Residence: No. 305 Gittings Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Schmeiser

6. DATE OF BIRTH (month, day, year) Aug 13 th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	II	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Dealer 043

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retirdd IO yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schmeiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian Schmeiser
(Address) 305 Gittings Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date July 16, 1932

19. UNDERTAKER John Schmeck & Sons
(Address) Baltimore.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 th 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/6/32, 19.... to 7/14/32, 19.....
I last saw ~~him~~ alive on 7/13/32, 19.... Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	5
Other contributory causes of importance:	
None	3

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Asp & Segl, M. D.

(Address) 709 N Is Away

E 81384

E 81384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. 23-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Tull.

(a) RESIDENCE NO. 1522 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of George Tull.

6 DATE OF BIRTH (month, day, and year) September 2, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Harrison D. Barnett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rosanna Corkran.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant George B. Tull. (son)

(Address) 2823 Mosher St.

15 Filed JUL 15 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis, Myocarditis.

Fracture of the left Femur.

Accidental fall to the floor.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1522 Hanover St.

Did an operation precede death? No. Date of June 2, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

7/14/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL 7/16 1932

20 UNDERTAKER J. Fenw. McCully

ADDRESS 130 E. Fay.

...ec.—1-30—M. & T.—250 Blks.

E 81385

E 81385

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2091 N Amity ST., 18-26 WARD)

2-FULL NAME Elroy Jackson

(a) RESIDENCE NO. 2091 N Amity ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) April 9, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Willie Jackson

11 BIRTHPLACE OF FATHER (city) Dinwiddie
(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Jackson

13 BIRTHPLACE OF MOTHER (city) Dinwiddie
(State or country) Va

Informant Willie Jackson
(Address) 2091 N Amity St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 14, 1932

that I last saw him alive on July 13, 1932

and that death occurred, on the date stated above, at 6. a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W F Rodell M. D.

19 32 (Address) 604 Carroll Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL July 15, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St.

Director

AACo. 5-31 2000

81386

HEALTH DEPARTMENT—CITY OF BALTIMORE 81386

X 4139-002

CERTIFICATE OF DEATH

Registered No. 24-32

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Agnes Brown

(a) Residence: No. Laurel Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-22-1904

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
27	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U.S.A. Md Laurel

13. NAME Same

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Rachel Bowie

16. BIRTHPLACE (city or town) (State or country) U.S.A. Md

17. INFORMANT Mrs Rachel Bowie (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Oak U.A.C. Date 7/17, 1932

19. UNDERTAKER Geo. L. A. Gibson (Address) 422 Maryland Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to July 14, 1932

I last saw h... alive on 7/14, 1932 death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	

Other contributory causes of importance:

Bilateral salpingites - and oophoritis Chronic endometritis

Name of operation Pelvic Laparotomy Date of 7/13/32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Miller, M. D.

(Address) So Baltimore General Hosp

AaCo. 5-31 250B

81387 HEALTH DEPARTMENT—CITY OF BALTIMORE 81387

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Frederick Av St. 20-28 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Daniel Follmer.

(a) Residence: No. 2017 Frederick Av St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Follmer

6. DATE OF BIRTH (month, day, year) Jan. 1st. 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - 10-3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER'S FATHER'S

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Caroline Follmer. (Address) 2017 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park. Date July 16th 1932

19. UNDERTAKER Charles L. Schwab (Address) 505 N. Monroe St.

20. FILED JUL 16 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7 - 32, 19... to July 14 - 32, 19... I last saw h... alive on July 8 32 10 a.m. death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis.	
Arterio Sclerosis	
Hypertonia	
Other contributory causes of importance:	
Asthenia	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Benj. O McCreary, M. D.

7/14/32 (Address) 400 N Payson St

A&Co. 5-31 250B

81388 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE 81388

CERTIFICATE OF DEATH

V115-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 W. North ave St. 14 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Howard. Chin

(a) Residence: No. 863 W. North ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, ~~Married~~, Widowed, or Divorced (write the word)
Male	Chinese	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 15 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Pung. Chin

14. BIRTHPLACE (city or town) (State or country) China

15. MAIDEN NAME M. Simmons

16. BIRTHPLACE (city or town) (State or country) Colum

17. INFORMANT Wah Lee.
(Address) 863 W. North ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date July 16 1932

19. UNDERTAKER Fred J. Fortmeyer
(Address) 108 E Lanvale St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1932, to 7/14, 1932
I last saw him alive on 7/14, 1932 death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperpyrexia of unknown origin Contributory	7/13/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur D. Finks, M. D.
(Address) 724 W North Ave

ec.—2-29-28—L. F. S.—500 Bks.

81389 E 81389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 10-13

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1420 Madison Ave (ST.) (WARD)

2—FULL NAME Frances Wilson

(a) RESIDENCE NO. 1420 Madison Ave West WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Wilson

7 DATE OF BIRTH (month, day, and year) ? 1864

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68				

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Isaac Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mamie Petlow

(Address) 1420 Madison ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17-32

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932 to July 17, 1932

that I last saw h alive on July 14, 1932

and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

St Louis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Edward Fisher M. D.

19 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisville, Va.

DATE OF BURIAL 7/15/1932

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

M. D. B. 1268-9

E 81390 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81390

CERTIFICATE OF DEATH

V 183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Colgate Creek St. 36-37 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis E. Wallace

(a) Residence: No. 6712 Gary Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) Oct 25 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis Wallace

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Mason

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Francis Wallace

(Address) 6712 Gary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART OF MARY CEM. Date JULY 16 1932

19. UNDERTAKER Lilly & Seiler Inc.

(Address) 203 S. Bond St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h— alive on ... 19... Death is said to have occurred on the date stated above, at —m 6PM

The principal cause of death and related causes of importance were as follows:

Drowned Accidental — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Yes Date of injury July 13 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Followed from

Manner of injury Fell from Boat

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) H. Feldmann M. D. Coroner

(Address) 1305 N Gilmor St

81391 E 81391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 S. Clinton St St. 76-1 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Wachter

(a) Residence: No. 1018 S. Clinton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wachter.

6. DATE OF BIRTH (month, day, year) Feb. 10th 1866.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Betz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Wachter (Husband)
(Address) 1018 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 16, 1932.

19. UNDERTAKER Tully & Feiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar-14, 1932, to July 12, 1932

I last saw her alive on July 12 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Hay	1932
Diabetic Coma July 10	1932
Bronchopneumonia July 11	1932
Other contributory causes of importance: Diabetes	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul J. Kahn, M. D.

(Address) 3507 Eastern Ave

M. D. B. 1268-9

E 81392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81392

CERTIFICATE OF DEATH

Registered No. 194-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carroll Clauser

(a) Residence: No. Burgoo W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-18-30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	20	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER FATHER

13. NAME Wm Clauser

14. BIRTHPLACE (city or town) W. Va.
(State or country)

15. MAIDEN NAME Ava Hammer

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Buckhannon W. Va. July 15 1932

19. UNDERTAKER William F. Ackroyd
(Address) 816 E. Monument St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 14 1932

I last saw him alive on July 14 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foreign body in trachea	7/8/32
Bronchopneumonia	7/12/32

Other contributory causes of importance:

Name of operation Tracheotomy Date of 7/13/32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. S. Anderson M. D.

(Address) Johns Hopkins Hosp

M. D. R. 1268-9

81393 HEALTH DEPARTMENT—CITY OF BALTIMORE L 81393

CERTIFICATE OF DEATH

Registered No. X 54-084

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Anderson

(a) Residence: No. 12. H. 2 - Box 64 St., ... Ward. Jersey - Pa -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Rena

7. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown $6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Olsen Andersen

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Rena — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jersey PA Date 7/16/32

19. UNDERTAKER Joseph Ahrens
(Address) 1221 Bway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 — 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 15 — 1932

I last saw him alive on July 15 — 1932 Death is said to have occurred on the date stated above, at 1775 — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - acoustic nerve neuroma non-malignant -	? 1928

Other contributory causes of importance:

Name of operation Cerebellar approach Date of 7 15 32

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred H. Weis M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

81394 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81394

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals 14-20

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fergerson

(a) Residence: No. 1945 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvester Fergerson

6. DATE OF BIRTH (month, day, year) Jan. 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

FATHER

13. NAME Edmond Downing

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

MOTHER

15. MAIDEN NAME Emma Bailey

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

17. INFORMANT (Address) Records of Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date July 16, 1932

19. UNDERTAKER (Address) Thomas C. Kelson 1303 Pressstman St

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/22/32, 19 to 7/13/32, 19

I last saw her alive on 7/13/32, 19 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis Chronic	6 mos
Other contributory causes of importance: acute Myocardial failure	7-13-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emma Hightower D. M. D.

7-13-32 (Address) Bretwood Private Hospital

A&Co. 5-31 250B

81395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81395

CERTIFICATE OF DEATH

121

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Baltimore Md. St. 21-29 Ward

Length of residence in city or town where death occurred 44 yrs. 7 mos. 26 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Reidmaier

(a) Residence: No. 1123 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Reidmaier

6. DATE OF BIRTH (month, day, year) May 17 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER'S MAIDEN

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Walter Reidmaier
(Address) 1123 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date July 18 1932

19. UNDERTAKER A. Haugh Evans
(Address) 35 E Fort Ave

20. FILED ..... 19..... Registrar.

JUL 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1932, to July 15, 1932

I last saw h alive on July 15th, 1932. death is said to have occurred on the date stated above, at 12 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	4 days
Other contributory causes of importance:	
Ruptured Appendix	10 days

Name of operation Appendectomy & drainage Date of 7/5/32.

What test confirmed diagnosis? Clinical was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldora Robert, M. D.

(Address) Franklin Sq Hospital Balto Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81396

E 81396

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-37 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Melka

(a) Residence: No. Chase Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 28, 15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jane Melka

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Wasiuk

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Jared Melka
(Address) Chase Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeema. Date July 16, 1934

19. UNDERTAKER Frank Fechter
(Address) 1906 Monument Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from — , 19 , to — , 19

I last saw h alive on — , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
Accidental Suicide	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury July 11 19 34

Where did injury occur? Chase, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place Home

Manner of injury Struck fingers

Nature of injury Laceration & Irritation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. F. Herzog M. D. M. D.
Coroner

(Address) 1305 N. Collington Ave

M. D. B. 1268-9

81397 HEALTH DEPARTMENT—CITY OF BALTIMORE 81397.

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 15-21 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachael Alton

(a) Residence: No. 1430 Presstman St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug. 2, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME John Alton

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Rachael Ennis

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 17, 1932

19. UNDERTAKER Virginia G. Brooks
(Address) 1423 W. Lanvale St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/8/32 . 19 . to 7/14/32 . 19

I last saw her alive on 7/14/32 . Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-8-32

Other contributory causes of importance: Arteriosclerosis — unknown
Nephritis — unknown
Bronchopneumonia — 5 days

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

7-15-32 (Signed) Owen Highberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81398 E 81398

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Honkins Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grafton Taylor

(a) Residence: No. 221 S. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Taylor

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Bowen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mattie Walker

(Address) 133 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 7-17 1932

19. UNDERTAKER Byrd & Mamie A. Wright

(Address) 1218 McElderry St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure- Pulmonary Oedema	
Aortitis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John J. Cullen M. D.
Coroner

(Address) 5006 E. York ave

1399 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81399

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Marie Karushef.

(a) Residence: No. 3609 Roberts Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Theodore Karushef

6. DATE OF BIRTH (month, day, year) June 16 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Oberg

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lena —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theodore Karushef
(Address) 3609 Robert Pl

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 7/18 19 32

19. UNDERTAKER Philip Herwig & Sons
(Address) 3616 Eastern Ave

20. FILED JUL 16 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14 19 32

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1932, to 7/14, 1932
I last saw h-er alive on 7/14 1932 death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7/12/32

Other contributory causes of importance:

Carcinosis

Name of operation Laparotomy Date of 7/14

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No if so, specify .....

M.D. (Signed) S. Miller, M. D.
Director (Address) S. Balto. General Hosp.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81400

CERTIFICATE OF DEATH

E 81400

82-001 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 7-12 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles James

(a) Residence: No. None 1012 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie James

6. DATE OF BIRTH (month, day, year) Aug. 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John James

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Harriet Hill

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Cochrane Cemetery Date July 17 1932

19. UNDERTAKER (Address) Mrs. P. C. Elliott 1220 Eastlake Ave. Washington, D. C.

20. FILED JUL 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/14/32, 19, to 7/14/32, 19

I last saw him alive on 7/14/32, 19 Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Cerebral Hemorrhage	1 year
(Other contributory causes of importance:) Arteriosclerosis	Long standing

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was injury in any way related to occupation of deceased? —

If so, specify

(Signed) Chas. Higgins M. D.

Address) Bureau of Hospitals

1-30—M & T.—100 B—50L

81401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81401

CERTIFICATE OF DEATH

191

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Holliday & Hillen Sts. ST., 5-8 WARD)

2-FULL NAME James Moody.(C)

(a) RESIDENCE NO 1011 E. Monument St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a If married (WIFE of HUSBAND) of Josaphine Moody.(C)

6 DATE OF BIRTH (month, day, and year) September 1, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER James Moody.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Ella Smith.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Ella Moody.(C) mother.
(Address) 1011 E. Monument St.

15 Filed JUL 16 1932, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Heinrandt, M. D. Coroner

7/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem.

DATE OF BURIAL July 17 1932

UNDERTAKER Wm. R. C. Elliott

ADDRESS 1725 Eastlund Ave

D. 81402

HEALTH DEPARTMENT—CITY OF BALTIMORE

262935

CERTIFICATE OF DEATH

13 E 81402

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-50 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Gloris Cantlow

(a) Residence: No. 453 E. 23 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/20/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Sidy Street Cantlow
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Alice Campbell
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 17 1932

19. UNDERTAKER Mrs. L. O. Ellis & Sons
(Address) 1122 E. Oakland Ave

20. FILED JUL 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 13 1932
I last saw her alive on July 13 1932 Death is said to have occurred on the date stated above, at 9.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyuria. Cystitis	7/11/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. C. Goodwin, M. D.
(Address) J. H. H.

M. D. B. 1268-9

E 81403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81403

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 E. Monument St., 7-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank J. Hennick

(a) Residence: No. 2212 E. Monument St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Hennick

6. DATE OF BIRTH (month, day, year) Feb 7/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rustless Iron Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James F. Hennick

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Kate Keebler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Drasal (sister)

(Address) 445 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date July 16, 1932

19. UNDERTAKER Mrs. F. Miller & Son

(Address) 2334 Jefferson St.

20. FILED JUL 16 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.20 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary (Cardiac) Disease
Myocardial Insufficiency

Date of onset ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

M. D. B. 1268-9

E 81404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81404

CERTIFICATE OF DEATH

157-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George ~~Bradley~~ Jr. Bradley Jr.

(a) Residence: No. Frostburg, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 21, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Bradley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Philomone Mason

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT George Bradley

(Address) Frostburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Frostburg Md. Date July 19, 32

19. UNDERTAKER Wm. J. Teckner & Son

(Address) Frostburg, Md.

20. FILED JUL 16 1932 19 Frostburg Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1932 to July 16th, 1932

I last saw him alive on July 16th, 1932 Death is said to have occurred on the date stated above, at 5.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	Birth
Hydrocephalus	July 1-32

Other contributory causes of importance:

Name of operation Plastic on Spine Date of 7-1-32

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Ifferd H. Spencer, M. D.

(Address) University Hospital.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81405

CERTIFICATE OF DEATH

107 E 81405

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-58 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joan Kaupp

(a) Residence: No. 2855 Kate Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Melvin Kaupp

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Clara Barnett

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Melvin Kaupp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date July 16 1932

19. UNDERTAKER Lloyd Keiser
(Address) Laurel Md

20. FILED 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to July 16, 1932
I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	7/15/32
Other contributory causes of importance: Cerebral hemorrhage	7/15/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) David H. Andrews M. D.

(Address) University Hospital

E 81406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81406

CERTIFICATE OF DEATH.

X 82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3420 Eastlake Ave ST. 15-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edna Susan Anderson

(a) RESIDENCE No. Lynchburg Va ST. WARD.

(Usual place of abode) (If non-resident give city or town and state) Lynchburg Va

Length of residence in city or town where death occurred 6 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married, Widowed, or Divorced, (write~~ the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F. Anderson

6 DATE OF BIRTH (month, day, and year) Sept 11-1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alfred Wilburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Pauls Co Md.

12 MAIDEN NAME OF MOTHER Emily Biddison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Robert F. Anderson. (Address) 3420 Eastlake Ave

15 Filed JUL 26 1932, 19 Hunting Park Ave Lynchburg, Va. Registrar E.N.G.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15-1932

17 I HEREBY CERTIFY, That I attended deceased from July 9th, 1932, to July 15, 1932

that I last saw h alive on July 14, 1932

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Preston A Frost M. D.

1932 (Address) Lynchburg, Va

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maplewood Cemetery DATE OF BURIAL July 18 1932

UNDERTAKER Richard Poe ADDRESS 2204 Hartley Ave

AACo. 5-31 250B

E 81407 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81407

CERTIFICATE OF DEATH

91-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1251 Battery Ave 2nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert H. Webb

(a) Residence: No. 1251 Battery Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1917

7. AGE: Years 15 | Months 0 | Days 2 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Joseph F. Webb

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Jennie M. Cooke

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph F. Webb
(Address) 1251 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date July 18 1932

19. UNDERTAKER Maynard D. Thomas
(Address) 1022 Light St.

20. FILED ... 19 ... Registrar.

JUL 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to July 15th 1932
That I last saw ... alive on July 15th 1932 death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	July 2 '32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Le Wallace M. D.

(Address) 1279 Williams St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81408

CERTIFICATE OF DEATH

95 E 81408

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 E. Preston St. 10-14 Ward)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dennes J. Noonan

(a) Residence: No. 929 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spring Bed Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Bed Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jeremiah Noonan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hennessey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Elizabeth Noonan
(Address) 929 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date July 18, 1932

19. UNDERTAKER Wm. H. Pickup Sons
(Address) 1624 E. Fayette St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1932 to July 15 1932

I last saw h... alive on July 14, 1932 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal disease	Oct 6 31
Other contributory causes of importance: Pneumonia	one day

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Stanley J. Kowalewski M. D.

(Address) 103 S. Broadway

M. D. B. 1268-9

81409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 VE 81409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 O'Donnell St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie R. Butler

(a) Residence: No. 3030 O'Donnell St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank M Butler

6. DATE OF BIRTH (month, day, year) Dec 16 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Burton

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Rachel Biddle

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Wanda S Talbott

(Address) 3030 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 18 1932

19. UNDERTAKER H. J. Pickhardt Sons

(Address) Huntington Avenue

20. FILED JUL 16 1932 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from July. 9. 32 . 19 . to July 15 32 19

I last saw her alive on July 14 32 . Death is said to have occurred on the date stated above, at 2 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma. Of the Liver & Stomach	

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) ..... M. D.

Director (Address) 301 S Edmondson Ave

Spec—9-30—A. & Co.—250 Blks

E 81410

81410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary St. 27-43 WARD

2 FULL NAME Mrs Josephine Diehler

(a) RESIDENCE NO. 3010 White Cove ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifers yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward C. Diehler

6 DATE OF BIRTH (month, day, and year) Aug 24 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nelson Rogier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Halbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Records (Address)

15 Filed JUL 16 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1932

17

I HEREBY CERTIFY, That I attended deceased from June 6 1932 to July 14 1932

that I last saw her alive on July 14th 1932

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma R ovary
general carcinomatosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 23

Was there an autopsy? no

What test confirmed diagnosis? microscopic section

(Signed) Calvin Hyman M. D.

19 (Address) 2317 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL July 16 1932

20 UNDERTAKER Frederick Loose & Sons ADDRESS 1401 Belair Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81411 E 81411

CERTIFICATE OF DEATH

V 27-002

1. PLACE OF DEATH Balto. City Hospitals 14-20

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Bruise

(a) Residence: No. 1631 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Bruise

6. DATE OF BIRTH (month, day, year) Aug. 9, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME Charles Bruise

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Appalonia Campbell

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary 7-18-32

19. UNDERTAKER George D. Gibson
(Address) 1725 Edmondson Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1932, to 7-15, 1932

I last saw him alive on 7-15 1932. Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Dip (Lyst)	?
Other contributory causes of importance: Hypostatic Pneumonia	7-12-32

Name of operation No Date of —

What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, state by ...

(Signed) Lindsay P. Linde M.D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81412 E 81412

CERTIFICATE OF DEATH

Registered No. 97 V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 Mary Ann Court St. R.P. Ward 53

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gittings Brogden

(a) Residence: No. 1 Mary Ann Court St. R.P. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Lot. Thos. G. Brogden

6. DATE OF BIRTH (month, day, year) May 21st 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Bank~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Long Green Md

FATHER

13. NAME James McCulloh

14. BIRTHPLACE (city or town) (State or country) Co. Co. Co Md

MOTHER

15. MAIDEN NAME Elmore C Gittings

16. BIRTHPLACE (city or town) (State or country) Long Green Md

17. INFORMANT Jr Brogden

(Address) Mary Ann Court

18. BURIAL, CREMATION, OR REMOVAL Long Green

Place Trinity Cem Date July 17 1932

19. UNDERTAKER H W Jenkins & Co

(Address) Cockeysville Md

20. FILED 16 IV 32 Huntington Maryland N.P. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1931 to 7/15 1932

That I saw him alive on 7/15 1932 Death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 years ago
Other contributory causes of importance:	
~	

Name of operation ~ Date of ~

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Edward Stewart M. D.

(Address) 1403 Park

Spec.—9 30—A. & Co.—250 Bks

E 81413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81413

CERTIFICATE OF DEATH.

461

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 607 Hilendale St. 16-28 WARD)

2. FULL NAME Leonard Kolmer Sr

(a) RESIDENCE NO. 607 Hilendale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Reichelt Kolmer

6 DATE OF BIRTH (month, day, and year) Feb 22nd 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	79	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Kolmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harold Kolmer
(Address) 203 Fallen Rd

15 Filed ..., 19... Registrar

JUL 16 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1932

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to July 15, 1932

that I last saw h[illegible] alive on July 14, 1932

and that death occurred, on the date stated above, at 7.40 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) one yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Homer Todd. M. D.

19... (Address) Per Dr F.H. Phillips 1939 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls - Videtteville	7/17/1932

20 UNDERTAKER George Weber & Son

ADDRESS 2503 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81414 E 81414

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) 17-34 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Crash

(a) Residence: No. 1111 Wilmer St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1900

7. AGE: Years: 32 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): Dec 33

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Chas Crash

(Address) 2033 Belmont

18. BURIAL, CREMATION, OR REMOVAL: Druid Hill Cemet July 15 1934

Place ... Date ... 19

19. UNDERTAKER: Coleman Habital

(Address) 704 Pennsylvania

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Intra Ventricular Cerebral Hemorrhage

Date of onset: 3 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Feild M. D. Coroner

(Address) Bon

M. D. B. 1268-9

E 81415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81415

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 771 W Lexington St. (Ward) 278-76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas L. Collins

(a) Residence: No. 771 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Aug 25 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	57	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Thomas Collins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Collins

(Address) 771 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 18 1932

19. UNDERTAKER J. Vernon Keehner

(Address) 1522 Collins St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/32/32 19 to 7/15/32, 19

I last saw h— alive on 7/14/32, 19 Death is said to have occurred on the date stated above, at 2 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	
arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Feeney, M. D.

(Address) 910 W Lombard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81416 — 23 E 81416

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Ponca St. St., N-37 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Maxwell

(a) Residence: No. 515 S. Ponca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth Maxwell

6. DATE OF BIRTH (month, day, year) Jan. 26 1902.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	30	5	20 M	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee.

FATHER

13. NAME Thomas Maxwell

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Liza Thompson.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Ruth Maxwell (Wife)
(Address) 515 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 18 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th. 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 15 1932, last saw him alive on July 14 1932. Death is said to have occurred on the date stated above, at 12:45 mA. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	3 years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

7/16/32 (Address) 315 S. Highland Ave.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 8141 V-001 E 8141

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals 87
CITY OF BALTIMORE: (No. Baltimore Ind 2-4 St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hungunat (Yunguet)

(a) Residence: No. 321 S. Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Hungunat.

6. DATE OF BIRTH (month, day, year) May 5 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	67	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME —
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date July 18 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7-1932 to 7-15-1932

I last saw him alive on 7-15-1932 Death is said to have occurred on the date stated above, at 6:55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-15-32
Other contributory causes of importance: Cerebral Sclerosis	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

7-15-32 (Signed) Edward Hirschberg M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E-81418
262933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001 E81418

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion L Gear

(a) Residence: No. Frankford St., ... Ward. West Virginia (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/31/28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Arthur Gear

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Bessie Rosenbaum

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Frankford Date 7/16/32 19

19. UNDERTAKER Joseph Ahrens
(Address) 221 Bway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 16, 1932

I last saw him alive on July 16, 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Acute myeloid leukemia

Date of onset 7/3/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1265-9

E 81419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81419

CERTIFICATE OF DEATH V 154

Registered No. 16-70

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 4 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Fant

(a) Residence: No. 620 Linwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-13-32

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry J Fant

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Bucike

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14 . 1932 to July 14 . 1932

I last saw h- alive on July 14 . 1932 Death is said to have occurred on the date stated above, at 3.50 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. Goodwin . M. D.

(Address) J.H.H.

M. D. B. 1268-9

E 81420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81420

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 19-27 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where died ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robt Tucker

(a) Residence: No. 1524 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lucille

6. DATE OF BIRTH (month, day, year): Dec 25-1887

7. AGE — Years: 44 | Months: 6 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 52

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Indies

FATHER

13. NAME: Robt Tucker

14. BIRTHPLACE (city or town) (State or country): West Indies

MOTHER

15. MAIDEN NAME: Mary —

16. BIRTHPLACE (city or town) (State or country): West Indies

17. INFORMANT: Lucille Tucker

(Address) 1524 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place W.M.C. Lawn Date July 2 1927

19. UNDERTAKER: Wm Peter & Williams

(Address) 1200 Pennsylvania Ave

20. FILED July 2 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1st 1927

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Autopsy. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
	7 days

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Leo Koch, M. D. Coroner

(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81421

CERTIFICATE OF DEATH

X 1/08 E 81421

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John H Edmonds

(a) Residence: No. Jessups, Md. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Rosetta Edmonds.

6. DATE OF BIRTH (month, day, year) Dec. 25, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor (Farm)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N. Carolina

FATHER

13. NAME Rev. Ellis Edmonds

14. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

MOTHER

15. MAIDEN NAME Annie Patterson

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Rosetta Edmonds

(Address) 636 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place ....Va. Lutheran Date July 17. 1932

19. UNDERTAKER ....

(Address) ....

FILED JUL 1 1932 ....Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13. 1932. to July 14. 1932.

I last saw him alive on July 14. 1932. Death is said to have occurred on the date stated above, at 10.43 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	7/8/32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) [illegible] M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

E 81422 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81422

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Aliceanna St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME 1606 Aliceanna John S. Keel

(a) Residence: No. 1606 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Juanita G. Keel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn?

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Eastern Police Dist
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem. Date July 16. 1932

19. UNDERTAKER Henry H. Wright
(Address) 1701 Eastern Ave

20. FILED July 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

Intrathoracic Hemorrhage

Pistil shot wound near heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Mains Coroner, M. D.

(Address) 1606 Aliceanna

M. D. B. 1268-9

E 81423 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81423

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barney Wolfe

(a) Residence: No. 241 Central Pk. St., N.Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~not WIFE of~~ Bernice

6. DATE OF BIRTH (month, day, year) Nov. 15 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres. Textile Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knitting Machine

10. Date deceased last worked at this occupation (month and year) Apr.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Louis Wolfe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mollie Einstein

16. BIRTHPLACE (city or town) (State or country) N. York

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Buffalo, N.Y. Date July 17 1932

19. UNDERTAKER David Lenihan & Son (Address) 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24 1932 to July 16 1932

I last saw h.e alive on July 16 1932 Death is said to have occurred on the date stated above, at 1220 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease	1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? 7-16-32

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

81424 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) (Ward) 7

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Not known ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME George Martel

(a) Residence: No. 412 S Newkirk St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Mrs. George Martel

6. DATE OF BIRTH (month, day, year) Aug 9 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	11	25-6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) July, 1932

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Martel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George Martel
(Address) 412 S. Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date July 18, 1932

19. UNDERTAKER John J. Mahan
(Address) 3006 E. Baltimore St.

20. FILED July 18 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1932, to July 15th, 1932
I last saw him alive on July 15th, 1932 Death is said to have occurred on the date stated above, at 3:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary Tumor	2 y
Post-operative Shock	July 13
	00 dy

Other contributory causes of importance:

Name of operation Excision Pituitary Tumor Date of July 13th

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also (the following):
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Fowler M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

81425 E 81425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Hubbard

(a) Residence: No. 1905 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bennett Hubbard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med College Date July 15, 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1932 to 7-14, 1932

I last saw him alive on 7-14, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stenosis of pylorus of stomach	6-19

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A.R. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 81426

81426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Chase

(a) Residence: No. 1431 Orleans St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 12, 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Helen Chase

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Jo's Med College Date July 16, 1932

19. UNDERTAKER

(Address)

20. FILED JUL 1932 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 a.m. July 12, 1932 to 4 p.m. July 13, 1932

I last saw him alive on July 13, 1932 Death is said to have occurred on the date stated above, at 4.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John B. Washington M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

81427 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81427

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Mawrey

(a) Residence: No. 1 West 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	.....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 8, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	.....	...	...	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lawrence Mawrey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Matilda Tolland

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Med Cem Date July 6 ... 19 32

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. V. Antes, M. D.

(Address) John s Hopkins Hospital

M. D. B. 1268-A

81428

HEALTH DEPARTMENT—CITY OF BALTIMORE

81428

CERTIFICATE OF DEATH

194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-9 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Unknown

(a) Residence: No " St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About July 3/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	
	less than 10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Eastern Police Dist.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date July 11 19 32

19. UNDERTAKER
(Address)

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at 3.10 P.M.

The principal cause of death and related causes of importance were as follows:

Exposure-This baby was found in sewer manhole at N.W.cor Alice Anna & Chester Sts by sewer cleaner at 10.45 A.M. on 7/9/32

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place as stated

Manner of injury "

Nature of Injury "

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Jos. H. Baer M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1265-9

81429 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 81429

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Linden Ave St., 13-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth 81 yrs. 1 mos. 4 ds.

2. FULL NAME Harriet Waters Stonar

(a) Residence: No. 2103 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Leighman Stonar

6. DATE OF BIRTH (month, day, year) June 12 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Pleasure Ald Md.

FATHER

13. NAME Robt M Wood

14. BIRTHPLACE (city or town) (State or country) Ald Co. Md

MOTHER

15. MAIDEN NAME Ellen Parrish

16. BIRTHPLACE (city or town) (State or country) Ald Co Md

17. INFORMANT Mrs. J Lapsley (daughter)
(Address) 3708 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 18 1932

19. UNDERTAKER Stewart & Co
(Address) Lexington Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 16, 32
I last saw her alive on July 16 32 Death is said to have occurred on the date stated above, at 4:30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 12 32
Other contributory causes of importance: Arteriosclerosis	2 Yrs.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Marion W Shoaf M. D.

(Address) 806 N Fulton Ave

E D. 81430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81430

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 10 Midvale Rd St. 27-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helen Rider

(a) Residence: No. 10 Midvale Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Rider

6. DATE OF BIRTH (month, day, year) Mar-5-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto Maryland.

FATHER

13. NAME ? Wilson

14. BIRTHPLACE (city or town) (State or country) ? Maryland

MOTHER

15. MAIDEN NAME Ireland Crosbyia

16. BIRTHPLACE (city or town) (State or country) ? Maryland

17. INFORMANT Mr. W. H. Rider (son)
(Address) 10 Midvale Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 18 1932

19. UNDERTAKER Stewart & Company
(Address) Baltimore.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to July 15 1932

Last saw h alive on July 15 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus — Date of onset 2

Other contributory causes of importance:

Senile

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. H. Pearce M. D.

(Address) 2105 E. Chase St

AACo. 5-31 250B

81431 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81431

CERTIFICATE OF DEATH

82-004

Registered No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4700 Garrison Blvd St., 15 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Heine

(a) Residence: No. 4700 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Heine

6. DATE OF BIRTH (month, day, year) Nov 16th 65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Christopher Schultz

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Elizabeth White

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Daughter
(Address) 4700 Garrison Boulevard

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 7/19, 1932

19. UNDERTAKER Henry H. Mears & Son
(Address) 805 N. Eutaw St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8th, 1932, to July 16th, 1932

I last saw her alive on July 15th, 1932 death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Other contributory causes of importance:	
Vascular arteriosclerosis	
Bronchial Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel H. Heine, M. D.

(Address) 5611 Old Pimlico Rd

E 81432

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81432

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Fulton Ave. St., 15-21 Ward)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Gempp

(a) Residence: No. 1800 North Fulton Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maurice Gempp

6. DATE OF BIRTH (month, day, year) April 29, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Wilhelm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lizzie Paul

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Maurice Gempp
(Address) 1800 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date July 18 . 19 32

19. UNDERTAKER Harry W. Ehlen
(Address) 1914 W. Baltimore

20. FILED July 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1932 to July 15 32
I last saw h... alive on July 15 32 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	4yr.
Carbon Asthenia	10dy.

Other contributory causes of importance:

Name of operation Hysterectomy Date of 1928

What test confirmed diagnosis Biopsy Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ . 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Hunt M. D.

(Address) 629 Monument

OCCUPATION is very important. See instructions on back of certificate.

Spec—0-30—1-6 Co.—250 Bks

E 81433

81433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1038N. Gay St. ST. 8-13 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thelma Minnie Schwenson

(a) RESIDENCE NO. 1038 N. Gay St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unemployed

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael P. Scwenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Swales IS-Holstein

12 MAIDEN NAME OF MOTHER Sybelle T. Willett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East shore Va

14 Informant Magdalene Lindgren (Address) 1038 N. Gay St

15 Filed . 19 Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/32

17 I HEREBY CERTIFY, That I attended deceased from 7/14/32, 19 to 7/15/32, 19

that I last saw her alive on 7/15/32, 19

and that death occurred, on the date stated above, at 12.30P.M.

The CAUSE OF DEATH* was as follows:

Diabetes (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) diabetic coma (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) E. Hellman M. D.

7/15/32 Address 2214 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL July 18 1932

20 UNDERTAKER Henry Lutz ADDRESS 203 N. Broadway

TION is very important. See instructions on back of certificate

1-30—M & T—100 B—50L

E 81434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81434

CERTIFICATE OF DEATH

REGISTERED NO. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 N.High St. ST., 5-8 WARD)

2-FULL NAME Alexander Siegel.

(a) RESIDENCE NO. 210 N.High St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 20 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Eva Siegel.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Musician. 056
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Samuel Siegel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Rachael --------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Sarah Diamond.(daughter)

(Address) 210 N.High St.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

7/16/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rem

DATE OF BURIAL 7/16 32

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Balto St

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 81435

E 81435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S Bond St. St., 3 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 48 yrs. ..... mos. ..... ds.

2. FULL NAME Reuben Charles Laborwitz

(a) Residence: No. 332 S. Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~) Anna Laborwitz

6. DATE OF BIRTH (month, day, year) ?? ? 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Lithuania~~ Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Lore

(Address) 1439 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Lebrew Rosedale Mem. 2-17-32

19. UNDERTAKER Jack Lewis Lore

(Address) 1439 E. Baltimore St.

20. FILED FEB 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17 1932 to July 16 1932

I last saw him alive on July 16 1932 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	July 1932
Other contributory causes of importance:	
Arteriosclerosis	1920

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James White Jones, M. D.

(Address)

M. D. B. 1268-9

E 81436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81436

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Eutaw St., 15-21 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Cohen

(a) Residence: No. 1605 N Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME D. K

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME D. K

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Louis Joe
(Address) 1439 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 7-17-32

19. UNDERTAKER Jack Louis Joe
(Address) 1439 E. Baltimore St

20. FILED JUL 1 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to July 16, 1932

I last saw h alive on July 16, 1932. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Don't Know

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Milton H. Cumpson, M. D.

(Address) 1310 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 81437 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 01

97 E 81437

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 15-58 (Ward) .....)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Levin

(a) Residence: No. 2807 Kate Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Beatrice Levin

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 025

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Aaron Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Beatrice Levin

(Address) 2807 Kate Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt. Carmel Date 7-17-32

19. UNDERTAKER Jack Levis Inc.

(Address) 1439 E. Baltimore St.

20. FILED JUL 17 1932, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932 to July 15, 1932

I last saw him alive on July 15, 1932 Death is said to have occurred on the date stated above, at 10:24 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.) Mitral Stenosis and Insufficiency	
Other contributory causes of importance: Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important

M. D. B. 1268-9

E 81438 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81438

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15 Ward 58

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Wm. Wm Ades

(a) Residence: No. 2600 Weyworth Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) ?? 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Borach Ades

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME N. K

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hattie Fox - Daughter

(Address) 2600 Weyworth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Sinai Cemetery Russ 7-19-32

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 16, 1932

I last saw him alive on July 16, 1932 Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Cerebral Myocarditis	
Chronic Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

2340 Eutaw Pl

E 81439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81439

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2902 Springhill Ave St. 15-5 Ward.

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Gudelsten

(a) Residence: No. 2902 Springhill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Israel Gudelsten

6. DATE OF BIRTH (month, day, year) ? ? 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Gilbert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rena Emerson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Carla Levin Inc 1439 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Sinai Cem Date 7-17-32 19..

19. UNDERTAKER (Address) Carla Levin Inc 1439 E Baltimore St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1931 to July 15 1932

I last saw h.. alive on July 14, 1932 Death is said to have occurred on the date stated above, at 12.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	} Few years
Hypertension	

Other contributory causes of importance:

Coronary Artery Disease	1½ yrs ago
None	

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. H. Levenson M. D.

(Address) 2240 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Blks.

E 81440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81440

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 2465

CITY OF BALTIMORE: (No. Linden Ave & Mosher St. (If WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Sara Buchoff

(a) RESIDENCE NO. 4204 Dorchester St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29 30	6	327	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Typist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Max Buchoff

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Lotta Lindau

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Hospital Records.
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1932

17 I HEREBY CERTIFY, That I attended deceased from 6-28, 1932, to 7-16, 1932, that I last saw h alive on 7-16, 1932 and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Purulent Appendicitis
Chronic Cholecystitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis
(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 6-29-32

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Dr. H. Lee Wilkerson M. D.

19 (Address) Maryland Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel W. C. Cemetery

DATE OF BURIAL 7-17-32 19

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E. Baltimore St.

E 81441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81441

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Melenko

(a) Residence: No. 2610 Hudson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	-	~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Alex Melenko

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Jablonski
(Address) 2716 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date July 18 1932

19. UNDERTAKER Fr Wojciechowski
(Address) 1960 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1932 to 7-14, 1932

I last saw him alive on 7-14, 1932 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	6 wks.
Asthma	
Other contributory causes of importance: Bronchopneumonia	1 day

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Archer Robert Ochsner M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81442

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81442

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 3-4 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ames

(a) Residence: No. 244 S. Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Ames

6. DATE OF BIRTH (month, day, year) Aug. 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Eastern Shore
(State or country) Va.

FATHER

13. NAME George Boles

14. BIRTHPLACE (city or town) ...
(State or country) Ga.

MOTHER

15. MAIDEN NAME Jane Klemm

16. BIRTHPLACE (city or town) Eastern Shore
(State or country) Va.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date July 17 1932

19. UNDERTAKER Wendell & Eldridge
(Address) 300 S. Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/10/32 . 19... to 7/14/32 . 19...

I last saw her alive on 7/14/32 . 19... Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	long time
Other contributory causes of importance: Suppurative multiple abscesses	unknown

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

7-15-32 (Signed) Elmer Hilderbrand, M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

81443 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 81443

CERTIFICATE OF DEATH

127-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 14-39 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Money

(a) Residence: No. 1707 McCulloh St., Ward [redacted]
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) Dec. 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bennett Money
(Address) 1707 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 7/17/32

19. UNDERTAKER Mrs. Geo. C. Holland
(Address) 1631 Druid Hill Ave

20. FILED July 19 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13th 1932 to July 14th 1932

I last saw her alive on July 14th 1932 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7-7-32
Other contributory causes of importance:	
Toxemia	
Cardiac Failure	7-14-32

Name of operation Colostomy Date of 7/10/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Lambert M. D.

(Address) St. Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 81444 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81444

CERTIFICATE OF DEATH

120

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. So. Baltimore General Hospital St. ..... Ward .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Jones.

(a) Residence: No. 4905 Gladden Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie (Smith)

6. DATE OF BIRTH (month, day, year) 11/19/1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner 1932

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stephen Jones.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Minnie Jones

(Address) 4905 Gladden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date 7/16/32 19 .....

19. UNDERTAKER Geo. J. Kelly Inc.

(Address) 1405 Harford Ave. Balto.

20. FILED ..... 19 ..... Registrar. Chester

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1932 to 7/15, 1932

I last saw h.im alive on 7/15, 1932 death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating ulcer of sigmoid colon (? undetermined origin)	7/14/32
Peritonitis	

Other contributory causes of importance:

Name of operation Celiotomy - drainage of abdomen Date of 7/14

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller M. D.

(Address) So. Baltimore General Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

81445 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V E 31445

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 82-001

CITY OF BALTIMORE: (No. Balto md St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelius Knight

(a) Residence: No. 1526 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Balto

17. INFORMANT Record City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date July 18. 1932

19. UNDERTAKER Milton Harris
(Address) #33. E. Eden St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14. 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-10. 1932 to 7-14. 1932

I last saw him alive on 7-14. 1932 Death is said to have occurred on the date stated above, at 12:35 am

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-14-32
Other **contributory causes** of importance:	
Hypertension	5 Years

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

7-15-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81446

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH
CITY OF BALTIMORE: W. West Balto Gen Hosp. St. 16-67 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Wohler
(a) Residence: No. 601 W. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora F. Wohler

6. DATE OF BIRTH (month, day, year) Oct 5 1907

7. AGE — Years 24 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) employed in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alex Wohler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bauer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Nora F. Wohler
(Address) 601 W. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 17 1932

19. UNDERTAKER Frank H. Kolb
(Address) 1200 W. Lombard St.

20. FILED Nov 17 1932 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to July 14 1932

I last saw h alive on July 14 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Accident

Bichloride Mercury Poison 6 Hours

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Accident Injury 1932

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Spare

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Link Coroner M. D.

(Address) Coroner

M. D. B. 1268-9

E 81447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81447

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Rosalyn Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Shaw

(a) Residence: No. 2209 Rosalyn Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Shaw

6. DATE OF BIRTH (month, day, year) September 25, 1848

7. AGE Years 83 Months 9 Days 20 ~~25~~ If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Wm Mac Cool.

14. BIRTHPLACE (city or town) (State or country) mass.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Lulu E Gray

(Address) 2209 Rosalyn

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July 18 19 32

19. UNDERTAKER Joseph F. Cook

(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1932

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis 3 years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Exum Coroner M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

E 81448

Form 12-22-31—E.B.R.S.—400 Eks.

E 81448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

112

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 Normandy Ave St., 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Solomon Haugh

(a) Residence No. 509 Normandy Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Barbara Milum Haugh

6-DATE OF BIRTH (month, day and year) Sept. 27, 1859

7-AGE. 72 yrs. 9 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer) Drug

(c) Name of employer Thomas F. Thompson

9-BIRTHPLACE (city or town) (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER Solomon Smith Haugh

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER Virginia A. Colgate

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

11- (Informant) Barbara M. Haugh (wife)

(Address) 509 Normandy Ave

15- Filed ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 16/32

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1930 to July 16 1932 that I last saw him alive on July 15 1932 and that death occurred, on the date stated above, at 8:30 AM.

The CAUSE OF DEATH* was as follows:

Acute dilation heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual signs

7/16 1932 (Signed) Geo. E. Wells, M. D.

(Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL. July 19 1932

20-UNDERTAKER Fasel & Cook

ADDRESS 1003 N. Eutaw

In plain terms, so that it may be properly classified. Read instructions on back of certificates.

M. D. B. 1268-9

E 81449 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 81449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Washington Blvd. Ward) 25-72

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME CHARLES HAHN

(a) Residence: No. 2605 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Safe Co
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Hahn
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Creager
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Marguerite Winters
(Address) 2605 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 7/18 1932

19. UNDERTAKER Edward Foulas
(Address) 1359 Washington Blvd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1927 to July 15, 1932
I last saw him alive on July 9, 1932. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis.	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. A. Strauss M. D.

(Address) 1901 Griffis Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1248-9

81450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81450

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 34

CITY OF BALTIMORE: (No. ..... St. 25-26 Ward?)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Barnes

(a) Residence: No. 3201 Vera St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Idella Barnes

6. DATE OF BIRTH (month, day, year) July 23, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milkman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange, Va

FATHER

13. NAME Pete Bevens

14. BIRTHPLACE (city or town) (State or country) Concord Ky.

MOTHER

15. MAIDEN NAME Frances Branch

16. BIRTHPLACE (city or town) (State or country) Orange Va.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 7/18/32

19. UNDERTAKER Isaiah L Brown & Son
(Address)

20. FILED JUL 19 1932 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7/11/32 , 19 , to 7/13/32 , 19

I last saw him alive on 7/13/32 , 19 . Death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	Yrs ago
Acute infection Myocardial Thrombosis coronary	3 mos ago

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7-15-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 81451 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 E 81451

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 15-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Percy Sales

(a) Residence: No. 1309 Presstman st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 21, 1906?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Sales

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Amanda Little

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date July 21, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1931 to July 15, 1932
I last saw h in alive on July 15, 1932 Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8-20-31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas Glenwood Jr M. D.

(Address) Baltimore City Hospitals

INSTRUCTION: OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81452

CERTIFICATE OF DEATH

001

92 E 81452

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette Calhoun St. 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Louise Kyle

(a) Residence: No. 735 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Kyle

6. DATE OF BIRTH (month, day, year) December 29.1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John H. McLain

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eva Leyerle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eva McLain (Mother)
(Address) 735 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 18, 19 32

19. UNDERTAKER Henry Sander & Sons. Inc.
(Address) Baltimore St. & Broadway.

20. FILED July 19, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 '32, 1932, to July 15, 1932
Last saw her alive on July 15 '32 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	
hemorrhagic type due to	?
Streptococcus	

Other contributory causes of importance:

chronic rheumatism	
nephritis	?

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81453 E 81453

CERTIFICATE OF DEATH

26-37 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St. (Ward) 26

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~J. V. Dobson~~ J. Victor DOBSON

(a) Residence: No. 642 S. Lehigh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M C	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle Dobson

6. DATE OF BIRTH (month, day, year) June 27, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0/2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Willian J. Dobson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Belle Harrison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Estelle Dobson (Wife)
(Address) 342 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date July 18, 1932

19. UNDERTAKER Henry Sander & Sons. Inc.
(Address) Baltimore & Broadway.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10th- 1932 to July 15th- 1932

I last saw him alive on July 15th, 1932 Death is said to have occurred on the date stated above, at 5.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Hydronephrosis	2 days
	7 days

Other contributory causes of importance:

Uremic poisoning	1/2 days

Name of operation Part. Nephrectomy Date of 7/14/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81454

E 81454

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Potter St St. 11-24 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Gertrude Bennett

(a) Residence: No. 1322 Potter St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Bennett

6. DATE OF BIRTH (month, day, year) 1894

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37 yrs	8 mos	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Grass
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary — Grass
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Bennett son
(Address) 1322 Potter St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date July 18, 1932

19. UNDERTAKER Mrs Katie C. Williams
(Address) 322 S Arlington St.

20. FILED ..... 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to July 15, 1932
I last saw her alive on July 15, 1932 death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	
Chronic Endocarditis with a tendency to Convalescence	
Other contributory causes of importance:	
General Dropsy and Cardiac Insufficiency	

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) H. H. Hall, M. D.

(Address) 426 E. 23 St. Balto. Md.

M. D. B. 1268-9

E 81455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81455

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Buena Vista Ave. Ward) 57

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Frock.

(a) Residence: No. 3501 Buena Vista Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. C. Frock.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Wm. C. Frock.
(Address) 3501 Buena Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL Manchester, Carroll Co. Date July 19, 1932

19. UNDERTAKER Thos. Wm. Frock & Son.
(Address) 3445-47 Chestnut Ave.

20. FILED ... 19... Registrar. Hunting to Will ... N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1932

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to July 17, 1932

last saw h... alive on July 16, 1932. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	July 1932

Other contributory causes of importance:

Senility

Name of operation ..... Date of ...

What test confirmed diagnosis? Visual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. T. Covington M. D.

(Address) 3701 Reisterstown Rd.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81456 — CERTIFICATE OF DEATH — E 81456

153

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3309 Crossland ave ST. 8-45 WARD

2-FULL NAME Charles W. Schaffer

(a) RESIDENCE NO. 3309 Crossland ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 29 yrs. mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: White
4 COLOR OR RACE: Male
5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma S Allen

6 DATE OF BIRTH (month, day, and year) 2-19-1842

7 AGE — Years: 90 — Months: 4 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS
10 NAME OF FATHER: John F. Schaffer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Rosina Schl[illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. John Doller
(Address) 3309 Crossland ave.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to July 17, 1932
that I last saw ~~him~~ alive on " 17, 1932
and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Herpes Zoster

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home.
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Physical signs

(Signed) Chas. E. Neer M. D.
7/18/32 (Address) 408 S. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Hill Cem. Phila. Pa. DATE OF BURIAL: July 19 1932

20 UNDERTAKER: Richard C. Mitchell Son & Co. ADDRESS: Pleasant & Eutaw

CAUSE OF DEATH must be plainly written, so that it may be properly TION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 81457

E 81457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81457

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH St. Joseph Hosp. 10-15
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. Christopher Meagher

(a) Residence: No. 1124 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Margaret Mary Meagher

6. DATE OF BIRTH (month, day, year) Dec 27, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) July 1, 1931

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME — John Meagher

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Schutt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret M. Meagher
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 19 1932

19. UNDERTAKER Edgar W. Conklin
(Address) 124 E. Eager St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932 to July 16, 1932. I last saw h[illegible] alive on July 12, 1932. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Dilatation of the aorta	
Bronchopneumonia	July 7, '32

Other contributory causes of importance:

Name of operation ..... Date of ... 1/6

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Conboy M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81458 E 81458

CERTIFICATE OF DEATH

Registered No. 184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 4 mos. 25 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Nash

(a) Residence: No. 34 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not working

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm H. Nash

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Rosetta Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Rosetta Nash

(Address) 34 No Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 19th 32

19. UNDERTAKER A. Jones

(Address) 111 S Gilmor St

20. FILED 19 Registrar

JUL 18 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/32 19

22. I HEREBY CERTIFY, That I attended deceased from 7/14/32, 19, to 7/16/32, 19

I last saw h alive on 7/16/32 19 death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	7/5/32
Other contributory causes of importance:	

Name of operation Lipse Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. F. Jackson M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1206-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81459

E 81459

CERTIFICATE OF DEATH

131

9-47

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 E. 41st. St. St., 9-47 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest V. De Moss.

(a) Residence: No. 708 E. 41st. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Robinson

6. DATE OF BIRTH (month, day, year) April 8, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	3	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME David O. De Moss

14. BIRTHPLACE (city or town) (State or country) Balto., County

MOTHER

15. MAIDEN NAME Jennee Hollway

16. BIRTHPLACE (city or town) (State or country) Harford, County

17. INFORMANT Mrs. Mary De Moss.
(Address) 708 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto., Cemetery Date July 18, 19

19. UNDERTAKER Mary M. Friedfeld
(Address) 504 E 22nd St.

20. FILED JUL 18 1922 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1922

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1922 to July 16, 1922

I last saw h... alive on Sunday July 15, 1922 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	July 11 '22
Chronic Int. Nephritis	July 1/21
Diabetes Insipidus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Abram B Simmons M. D.

(Address) 718 N. Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 81460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81460

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Broadway St. 13 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Sikorsky

(a) Residence: No. 822 N Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Sikorsky

6. DATE OF BIRTH (month, day, year) June 15, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Sikorsky

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Agatha Michael

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Charles Sikorsky
(Address) 822 N Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 19, 1932

19. UNDERTAKER Frank Brockdon
(Address) 1906 Orland Av

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932 to July 15, 1932

I last saw him alive on July 13, 1932 death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
Myocardial Failure	

Other contributory causes of importance:

Myocarditis	
Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward Sweeney M. D.

(Address) 4 W Preston Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in OCCUPATION if very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81461

CERTIFICATE OF DEATH

161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 E Lombard St. 2-4 Ward)

Length of residence in city where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold Baby Stiller

(a) Residence: No. 1820 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				13 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Stiller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dora Bobitz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George Stiller
(Address) 1820 E Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Cem Date July 18, 1932

19. UNDERTAKER Martin W. C. Diffenderffer
(Address) 37 S Amer St.

20. FILED JUL 18 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Jan 16, 1932

I last saw him alive on Jan 16, 1932. Death is said to have occurred on the date stated above at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Frederick Gudes M. D.

(Address) 1323 E Baltimore

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81462

CERTIFICATE OF DEATH

E 81462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. St. 9-42 (Ward) 21-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Alma Constantine

(a) Residence: No. 2741 Freemount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Frank Constantine

6. DATE OF BIRTH (month, day, year) Feb. 20 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	5 4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hutsonville

FATHER

13. NAME William Dodd

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ~~Bobbs~~ Frances Gregory

16. BIRTHPLACE (city or town) (State or country) Staunton Va.

17. INFORMANT Frank Constantine

(Address) 2741 Freemount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date July 20th 1932

19. UNDERTAKER J. F. Hufnagel

(Address) 1201 Edmondson Ave.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16 1932 to July 17 1932

I last saw her alive on July 17 1932 Death is said to have occurred on the date stated above, at 1450 m.

The principal cause of death and related causes of importance were as follows:

Anemia secondary to some unknown cause

Date of onset 18 mo.

Other contributory causes of importance:

Vaginal Hemorrhage.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. F. Young M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 81463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81463

CERTIFICATE OF DEATH

231

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jenkins

(a) Residence: No. 702 Eastern Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles Jenkins.

6. DATE OF BIRTH (month, day, year) April 23 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory Worker

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (city or town) (State or country) Spotsylvania Co, Va

FATHER

13. NAME Wm Manlin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna - (?)

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date July 19, 1932

19. UNDERTAKER Randall Undertaking Co
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to July 16, 1932

I last saw h[illegible] alive on July 16, 1932 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12/1929
Other contributory causes of importanre:	

Name of operation ... Date of ...

What test confirmed diagnosis? Sta... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas Glenn Jr M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81464 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6232 Belair Road St., 27-42 Ward)

Registered No. 93-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? 77 yrs. ...mos. ...ds.

2. FULL NAME George J. Burkley

(a) Residence: No. 6232 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Mary Burkley

6. DATE OF BIRTH (month, day, year) July 22, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wittenberg, Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Annie Burkley
(Address) 6832 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk. Cem. Date July 19 1932

19. UNDERTAKER Frederick Leuckenhoff
(Address) 7401 Belair Road.

20. FILED JUL 19 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1932 to July 16th 1932

I last saw him alive on July 16th 1932. Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs
Myocardial insufficiency	2 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Bauer M. D.

(Address) 1211 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81465

CERTIFICATE OF DEATH

23 E 81465

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. ..... St. 17-7½ (Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reason Peay
(a) Residence: No. 509 Myrtle ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Peay

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Fairfield South Carolina

FATHER
13. NAME Reason Peay
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Hester
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Winnsboro Date 7-18-32

19. UNDERTAKER Daniel Easton
(Address) 916 E. Pratt

20. FILED JUL 19 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 . 1932 to July 16 . 1932
I last saw him alive on July 16 . 1932 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Glenwood Jr. M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

81466 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 81466

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Swagler

(a) Residence: No. 1213 N. Gay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Swagler

6. DATE OF BIRTH (month, day, year) July 30 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 (43)	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street

10. Date deceased last worked at this occupation (month and year) 40 Years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Swagler Sr.

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Elizabeth Swagler
(Address) 1213 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 20 1932

19. UNDERTAKER Henry Hoch & Sons Inc.
(Address) 1301 E. Eager St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8 1932 to July 17 1932
I last saw him alive on July 17 1932 Death is said to have occurred on the date stated above, at 740A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerulo Nephritis	5/8/32
Dental Caries	
Pyorrhea Alveolaris	

Other contributory causes of Importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) K. F. Young M. D.

(Address) St Joseph Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81467 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81467.

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Co. St. 7-13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Cantrice

(a) Residence: No. 719 Rutland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Joseph Cantrice

14. BIRTHPLACE (city or town) Balto
(State or country)

MOTHER

15. MAIDEN NAME Barbara Kalofus

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Ricardo Balto
(Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date July 19, 1932

19. UNDERTAKER Kenney Wreck Funeral Home Inc
(Address) 1301 E Eager St.

20. FILED JUL 18 1932, 19 Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1932 to 7-17 1932

I last saw him alive on 7-17 1932 Death is said to have occurred on the date stated above, at 2:10 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebellum	7-14-32

Other **contributory causes** of importance:

Myocardial degeneration
Congestion of lungs
Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7-17-32 (Signed) Edward Hightberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 31468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81468

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3034 (St.) Barley (Ward) 12-50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie West

(a) Residence: No. 3034 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of James T. West

6. DATE OF BIRTH (month, day, year) Mar 9th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Thomas J. West

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Elizabeth Bradley

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Wm T. McGinniss

(Address) 3034 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to July 15 1932

I last saw her alive on July 15 1932 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 10

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) W. W. Hall M. D.

(Address) 20 20 N. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81469

CERTIFICATE OF DEATH

E 81469

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 22-33 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Anna Elizabeth Clough

(a) Residence: No. 719 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12/1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brody Theatre

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md

FATHER

13. NAME John M. Clough

14. BIRTHPLACE (city or town) (State or country) Chestertown. Md.

MOTHER

15. MAIDEN NAME Phoebe Wilson

16. BIRTHPLACE (city or town) (State or country) Hartley. Del.

17. INFORMANT Mrs. Phoebe Clough
(Address) 719 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 19 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19. FILED JUL 19 1932, 192... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 25 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart (Probably End[illegible] dit[illegible]	
Mitral Stenosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 506 E Lexington

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81470

E 81470

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO. 27-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD

2—FULL NAME Wesley W Mason

(a) RESIDENCE NO. 508 Whitewood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Alice A. Mason

6 DATE OF BIRTH (month, day, and year) Nov 1 1814

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Gen sales. 066

(c) Name of employer Beverage Sales Co.

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER C. S. Mason

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Rosyzanna Apfold

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Hospital Record

(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17th 1932

17 I HEREBY CERTIFY, That I attended deceased from 7/4/32, 19, to 7/17/32, 19, that I last saw h alive on 7/17/32, 19, and that death occurred, on the date stated above, at 10 15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of descending Colon

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 7/7/32

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) E. E. Cook, M. D.

, 19 (Address) 1217 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL July 20th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificates.

M. D. H. 1268-9

E 81471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81471

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3001 Westwood Ave (Ward) 15-67

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Wacker

(a) Residence: No. 3001 Westwood Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Otto Wacker

6. DATE OF BIRTH (month, day, year) Oct 20th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Amel Conrell

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Mary Dubay

16. BIRTHPLACE (city or town) (State or country) France.

17. INFORMANT Sidney A. Wacker
(Address) 3029 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 20, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to July 17, 1932

I last saw her alive on July 16, 1932 Death is said to have occurred on the date stated above, at 1:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2
Other contributory causes of importance:	
Cancer	4 Yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edd Zimmerman M. D.

(Address) 28 S Hanford 120

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81472 E 81472

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 4th Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth S. Yonson.

(a) Residence: No. 327 S. Bruce St., Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Yonson

6. DATE OF BIRTH (month, day, year) Sept 29 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Walter S Yonson

(Address) 327 S. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 19th 1932

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to July 16 1932

I last saw her alive on July 16 1932 Death is said to have occurred on the date stated above, at 1135 am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset July 16

Other contributory causes of importance:

Diabetes Mellitus

Cardio vascular renal disease

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. B. Chapin M. D.

(Address) 2415 Eutaw Pl.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 81473 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81473

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 37-001 Registered No. ...

CITY OF BALTIMORE: (No. Baltimore Jed St. 93-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nelson Fountain

(a) Residence: No. 32 W. Cross St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) ? Md.
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jed Med Balto Date Jul 16 1932

19. UNDERTAKER ...
(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1932 to 7-15 1932

I last saw him alive on 7-15 1932 Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Several ago
Other contributory causes of importance:	
Meningitis	1 wk ago

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify ...

7-15-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospital

Information should be carefully supplied. Entry may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81474 E 81474

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 16-22

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Cull

(a) Residence: No. 809 N. Mount st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Jack Cull

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Ella Renner

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Lodge Date July 18, 19[illegible]

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1931 to July 15, 1932

I last saw him alive on July 15, 1932. Death is said to have occurred on the date stated above, at 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10/19/31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jos Glenn M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81475

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81475

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Miles

(a) Residence: No. 46 Stockton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Dead

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

FATHER

13. NAME Lived Here

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Josephine Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto. City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Sept 18, 1926

19. UNDERTAKER [illegible] (Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1926

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1926 to 7-15, 1926

I last saw him alive on 7-15, 1926. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?

Other contributory causes of importance:

Bronchopneumonia	3 days

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

7-16-26 (Signed) Elmer Heyberger M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. Any error may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. H. 1276-A

E 81476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81476

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 E. Biddle St St. 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Jane Gray

(a) Residence: No. 817 E. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
X	X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Gray

14. BIRTHPLACE (city or town) (State or country) Richardsburg Pa.

MOTHER

15. MAIDEN NAME Nora A. Hosking

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Cordelia Ellis

(Address) 817 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 8, 1932

19. UNDERTAKER Wm Cook

(Address) 1 E Lexington St Balto Md

20. FILED ..., 19.. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to July 17, 1932

I last saw her alive on July 17, 1932 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Croupous	
Failure to Nurse	
" Bleu Baby "	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 2020 E Eldorado

INFORMATION should be carefully supplied. ALL should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

81477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81477

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1225 E. North Ave St 9-18 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lora Lee Broadbelt

(a) RESIDENCE NO 1225 E. North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Thomas Joe Broadbelt

6 DATE OF BIRTH (month, day, and year) June 2, 1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Alexandria, Va

PARENTS

10 NAME OF FATHER Geo. Ed. Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alexandria, Va.

12 MAIDEN NAME OF MOTHER Ellen Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria, Va

14 Informant Mrs. Lora Lee Broadbelt
(Address) 1225 E. North Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17th, 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1931, to July 17th, 1932

that I last saw h[illegible] alive on July 17th, 1932

and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of rt. breast

Metastasis to liver (duration) yrs. 10 mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Dec. 9/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Edgar Fay M. D.

7/17, 1932 (Address) 2919 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 7/20/1932

20 UNDERTAKER Wm Cook 1217 — ADDRESS St Paul st

Information should be carefully supplied. AGE should be stated EXACTLY. PHRASING should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 81478 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81478

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 E. Chase St. 8-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl N. Bleiemberger

(a) Residence: No. 2206 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret Bleiemberger

6. DATE OF BIRTH (month, day, year) Mar 12th 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Cab Co 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick N. Bleiemberger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Mullen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Frederick Bleiemberger

(Address) 2206 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date July 20th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Fort Ave

20. FILED JUL 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to July 17 1932

last saw h~~im~~ alive on July 17 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X. Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Chas. F. Fitzgerald M. D.

(Address) 613 E. North Ave

Information should be carefully supplied. Avoid ambiguity. Write plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 81479

81479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 Mosher ST. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucile Diggs

(a) RESIDENCE NO. 713 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11-1910

7 AGE — Years 22 — Months 5 — Days 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynchburg Va

PARENTS

10 NAME OF FATHER Rev. J R L. Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alberta Pack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Garland Diggs

(Address) 713 Mosher St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16-32

17 I HEREBY CERTIFY, That I attended deceased from June 5 —, 1932, to July 16 —, 1932,

that I last saw h[illegible] alive on July 16, 1932,

and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 11 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Sputum Ex.

(Signed) W. J. Calhoun M. D.

July 16 1932 (Address) 2035 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gt Southern

DATE OF BURIAL 7-19 19 32

20 UNDERTAKER Hamil & Chase Funl

ADDRESS 1325 Eutaw Pl

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

E 81480 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81480

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Block & Point St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emmet Footman

(a) Residence: No. 208 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Footman

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) S Carolina

FATHER

13. NAME Tyson Footman

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Susan Swigton

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Lewis Footman

(Address) 208 S Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 20 1932

19. UNDERTAKER Edw Bryan

(Address) 1631 Orleans St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 6300 m

The principal cause of death and related causes of importance were as follows:

Internal Haemorrhage

Accidental Caused by Fall Car.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 7/15 1932

Where did injury occur? Block Point Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Caused by Fall Car

Nature of injury Ruptured Blood Vessels

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. C. Weber M. D.
Coroner

(Address) 1305 N Patterson Park

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81481

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-9 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Smith

(a) Residence: No. 1413 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md

FATHER

13. NAME Ryland Smith

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Charles Co Md.

17. INFORMANT Myrtle Maser (sister)

(Address) 1413 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date July 19 1932

19. UNDERTAKER Edw. B. Ryan

(Address) 1631 Orleans St.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

Stab wound of heart — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury . 19

Where did injury occur? 720 Ajax Alley

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public house ?

Manner of injury

Nature of injury Probable Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John Hagen . M. D.

Coroner

(Address) 500 E Fayette

N. B.—WRITE PLAINLY, WITH CAPITAL LETTERS. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81482

CERTIFICATE OF DEATH

HE/81482

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 E Fayette St., 5-8 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign Birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Caplan

(a) Residence: No. 1008 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Harry Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Saltzburg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT N. Caplan
(Address) 1008 E Fayette st

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern Date July 19, 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1931, to July 18, 1932.

I last saw him alive on July 18, 1932 Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with Liver Metastases	
about	2 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St

Information must be given in accordance with the law. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81483

CERTIFICATE OF DEATH

V183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Patterson Park Pool St., 1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Mince.

(a) Residence: No. 2 W. Curley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	5	11	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Mince

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen C. [redacted] Davis

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Joseph Mince. (Father)
(Address) 2 W. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date July 20th 19 33

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19 ... Huntingdon Pa. Recorder

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1933.

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h— alive on ... 19 ... Death is said to have occurred on the date stated above, at 5:[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury July 17 19 33

Where did injury occur? Bellemont Ct.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Drowning While Swimming

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 13 E. Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

E 81484

E 81484

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Fraclin St. 13-59 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Reightler

(a) RESIDENCE NO. 1518 Trollion ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6a If married, widowed, or divorced, HUSBAND of or) WIFE of Wm S. Reightler

6 DATE OF BIRTH (month, day, and year) Jan 2nd 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

9 BIRTHPLACE (city or town) Frederick Co. (State or country) Md

PARENTS

10 NAME OF FATHER Rasleus Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alfred C. Haddaway (Address) 3313 Huntingdon Ave Balto

15 Filed JUL 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1932

17 I HEREBY CERTIFY, That I attended deceased from July 12th, 1932 to July 17th, 1932, that I last saw her alive on July 17, 1932, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 5 yrs. _____ mos. _____ da.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Elbert C. Rabey M. D.

7/18 1932 (Address) 2221 W. Fulton Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL July 20 1932

UNDERTAKER W. Anderson Sons ADDRESS North Ave

mation should be carefully supplied. Age should be stated correctly. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

M. D. F. 1268-9

E 81485 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-W Ward)

Registered No. 129 E 81485

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frances Siewierski

(a) Residence: No. 1707 Alice Ann St., St —Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/1/1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md —
(State or country) Maryland

FATHER

13. NAME Reinhold Siewierski

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Mary Wiziolek Siewierski

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date July 21 1932

19. UNDERTAKER George A. Weber
(Address) 705 E. Ann Street

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 18, 1932
I last saw her alive on July 18, 1932 Death is said to have occurred on the date stated above, at 8 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	July 16

Other contributory causes of importance:

Postoperative Tidal Reaction
Ileostomy

Name of operation ..... Date of July 11

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Blanchard V. Gurtler M. D.

(Address) The Johns Hopkins Hosp.

information should be carefully supplied. AGE should be given for the last birthday. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81486

CERTIFICATE OF DEATH

172-E 81486

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 Dolphin St.) (Ward) 17-24

Length of residence in City or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thornton Young

(a) Residence: No. 751 Dolphin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Young

6. DATE OF BIRTH (month, day, year) Sept 1 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alpeus Young

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mamie Rice

(Address) 751 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. July 19 1932

19. UNDERTAKER Samuel Hemsley

(Address) 578 N Eden St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16th 1932 to July 17th 1932

I last saw h alive on July 17th 1932 Death is said to have occurred on the date stated above, at 9-30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis (Septic)	
Other contributory causes of importance: Intestinal Obstruction	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. S. Elwell M. D.

(Address) 710 N. Eden St.

information should be carefully supplied. And should be given that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81487

E 81487

54-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 Druid Hill Ave St. (Ward)

Registered No. ..

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm E Abel

(a) Residence: No. 1019 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Hall

6. DATE OF BIRTH (month, day, year): Sept 9 1881

7. AGE: Years 50 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Benj. Hall

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Briscoe

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Emma M. Hall

(Address) 1019 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL: Pine Crematory Date July 19 32

19. UNDERTAKER: Samuel J. Hundley

(Address) 1715 Madison Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16 32

22. I HEREBY CERTIFY, That I attended deceased from May 30 32 to July 16 32

I last saw him alive on July 15 19 32 Death is said to have occurred on the date stated above, at 3:17 p.m. am

The principal cause of death and related causes of importance were as follows:

Paralysis

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage + Brain Tumor

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) John H. Longstreet M. D.

(Address) 1012 N. Lafayette Ave

NOTE.—WHITE LEGIBLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 81488 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93-03 E 81488

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 12-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Morgan

(a) Residence: No. 907 Windsor Rd St., Hereford, Md. Ward
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md

FATHER

13. NAME Emil Schuyler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Tolbert
(Address) 1508 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 20 1932

19. UNDERTAKER Samuel B. Trundley
(Address) 1518 E. Lanvale St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1932 to 7-18, 1932

I last saw her alive on 7-16 1932 death is said to have occurred on the date stated above, at 5:40 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Arteriosclerotic cardio-vascular disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

7-18 (Signed) Geo. G. McAneny M. D.
(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81489

E 81489

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey White

(a) Residence: No. 1843 Presstman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva White

6. DATE OF BIRTH (month, day, year) April 3 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch room

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edna Smith (daughter)

(Address) 1843 Presstman St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Date 7-20 1932

19. UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 1932 to July 17 1932

I last saw h[illegible] alive on July 17 1932 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage — Date of onset ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81490

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 905 StPaul St. ST., 11-15 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie M.Nieman.

(a) RESIDENCE NO. 905 St Paul St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (of) WIFE of Christopher Nieman.

6 DATE OF BIRTH (month, day, and year) January 17,1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis Heinreich.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Muesse.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henrie Heinreich.(brother)

(Address) 905 St.Paul St.

15 Filed ..... 192 ..... Huntington Williams, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Cervical Vertebrae.

Occidental fall down stairway.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D. Coroner

7/18/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: July 19 32

20 UNDERTAKER Franklin W Sect | ADDRESS 709 N 33rd St

M. D. H. 1068-9

E 81491

E 81491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 23-31 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Williams

(a) Residence: No. 1015 Leadenhall Ward. ST —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Isabel

6. DATE OF BIRTH (month, day, year) 1/29/65

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Wm Brown

14. BIRTHPLACE (city or town) (State or country) Wm Brown

MOTHER

15. MAIDEN NAME Elethea Wallace

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Friends — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Hillsborough Date 7/14 1932

19. UNDERTAKER Walter R. Boyce (Address) 1 W. Mendes Ave.

20. FILED JUL 16 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 15 1932

I last saw him alive on July 15 1932 Death is said to have occurred on the date stated above, at 6 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Uraemia	
Arteriosclerosis	
Myocarditis.	

Other contributory causes of importance:

Secondary Hemorrhage

Name of operation Perineal Prostatectomy Date of 7/15/32

What test confirmed diagnosis? Path + Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd C. Lewis M. D.

(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81492

E 81492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 E. North Avenue St., 11-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Annie Elizabeth Cann

(a) Residence: No. 1519 E. North Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Cann

6. DATE OF BIRTH (month, day, year) Aug. 18, 1853

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Girvin

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Catherine McGiffin

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Mr. H. P. Cann

(Address) 28 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 7/21 1932

19. UNDERTAKER Henry U. Mears & Son

(Address) 805 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 18, 1932

I last saw h[illegible] alive on July 18, 1932 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927

Other contributory causes of importance:

Edema Hypostatic of Lungs
Chronic Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) N. G. Dowell M. D.

(Address) 920 W. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 81493 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Woodbrook Ave WARD) 3-59

REGISTERED NO. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Carl Boerner

(a) RESIDENCE NO. 2539 Woodbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma E. Boerner

6 DATE OF BIRTH (month, day, and year) July 20 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78.	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Edward Boerner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina Dunkmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma E. Boerner

(Address) 2539 Woodbrook Ave

15 Filed JUL 1 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17-1932

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to July 17 - 1932,

that I last saw him alive on July 17 - 1932,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

(duration) yrs. 4 mos - da.

CONTRIBUTORY (Secondary) Heart - Exhaustion

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? ~~No~~

What test confirmed diagnosis?

(Signed) Frank O. Fowler, M. D.

, 19 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 20 1932
20 UNDERTAKER	ADDRESS
Josiah Syfer	600 N. Howard St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31494

CERTIFICATE OF DEATH

E 81494

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 2nd Ward)

Registered No. 4108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Coe. Jr

(a) Residence: No. Fallston Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-24-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Chas. Coe. Sr

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Virginia Fallin

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mother

(Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem Date July 10 1931

19. UNDERTAKER E. J. Gutt & Son

(Address) Fallston Md

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 1931

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Pericarditis Acute
Lobar pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. L. Mowbray Coroner M. D.

(Address) 2672 Roland Ave

N. B.—WRITE PLAINLY, with ink, all information supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in plain terms, so that it may be properly classified. • Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81495

CERTIFICATE OF DEATH

V 57

Registered No. E 81495

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Guilford St. 12-50 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob M. Blickenstaff.

(a) Residence: No. 2426 Guilford St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie F. Blickenstaff

6. DATE OF BIRTH (month, day, year) Sept 8th 1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park watchman

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

FATHER

13. NAME Daniel Blickenstaff

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hoover

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Blickenstaff

(Address) 2426 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa Date July 20 32

19. UNDERTAKER Maphis & Flynn

(Address) 1121 Light St

20. FILED JUL 1 1932 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-17-1930, to 7-17-1932

I last saw h[illegible] alive on 7-17 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal involvement chronic arthritis.	several years duration
Other contributory causes of importance: acute cardiac dilatation -	several days.

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. Isaacs M. D.

(Address) Medical arts Bldg.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81496

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3828 Old Frederick Road

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann Cecelia Dressel

(a) Residence: No. 3828 Old Frederick Road.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John I. Dressel

6. DATE OF BIRTH (month, day, year): Nov. 25. 1862

7. AGE — Years: 69 | Months: 7 | Days: 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John Welsh

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Keating

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary C. Dressel

(Address): 3828 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: July 20 1932

19. UNDERTAKER: Margaret E. Flynn

(Address): 4422 Highland Ave.

20. FILED ... 19... Registrar.

JUL 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11th 1932 to July 17, 1932

I last saw her alive on July 16, 1932 Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	
Generalized arteriosclerosis	
Other contributory causes of importance	
Cerebral Hemorrhage c	7.11.32
Hemiplegia (right side)	
Broncho Pneumonia	7.15.32

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris. M. D.

(Address) 107 East West street

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81497 E 81497

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1726 Brunt St., (Ward) 14-ele 173

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Williams

(a) Residence: No. 918 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col'd

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, year) 1908

7. AGE — Years 24 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Ella Ga.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albert Williams

FATHER

13. NAME Ga.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ga.

16. BIRTHPLACE (city or town) (State or country) Ellen Williams

17. INFORMANT (Address) 918 N. Carey

18. BURIAL, CREMATION, REMOVAL Date July 17th 19

Place Mt Z[illegible]

19. UNDERTAKER E O Wilson

(Address) 1000 Brantley ave

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw [illegible] alive on [illegible] 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance are as follows:

Homicide — Pistol wound of Heart & Lung — Sudden — Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury [illegible] 19 32

Where did injury occur? 1726 Brunt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner, M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH PENCIL OR INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be carefully supplied. AGE should be stated EXACTLY.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81498

CERTIFICATE OF DEATH

V 131 E 81498

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E Nicholson

(a) Residence: No. 1020 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. All information should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence C Nicholson

6. DATE OF BIRTH (month, day, year) Feb 18, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Samuel Nicholson

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Eliz. Coy

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Hospital Records

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place London Town Date July 19. 1932

19. UNDERTAKER Wm E Cole

(Address) 1219 E Fort Ave

20. FILED AUG 1 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-13 1932 to 7-16 1932

I last saw him alive on 7-16 1932 Death is said to have occurred on the date stated above, at 1:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Cellulitis Leg	7-3-32

Other contributory causes of importance:

Anemia	7-14-32

Name of operation None Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lucius E. Lintz M. D.

(Address) Balto. City Hospitals

Spec—12-23-21—E.B.P.S.—400 Pks.

E 81499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 81499

1-PLACE OF DEATH

City of BALTIMORE: (No. 1820 Whitmore ave St., 15-68 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. O'neill

(a) Residence No. 1820 Whitmore Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write this word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew J. O'neill

6-DATE OF BIRTH (month, day and year) May 26 1862

7-AGE 50 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Co. Md.

PARENTS

10-NAME OF FATHER. John Wiler

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Co Md

12-MAIDEN NAME OF MOTHER. Emma V. Fitch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Co. Md.

14- (Informant) Matthew J. O'neill

(Address) 1820 Whitmore Ave

15- Filed 192 Transcription Written by Director

JUL 19 1932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 17 1932

17- I HEREBY CERTIFY, That I attended deceased from April 30th 1932 to July 17 1932 that I last saw her alive on July 17 1932 and that death occurred, on the date stated above, at 8.07 P. M.

The CAUSE OF DEATH* was as follows:

Nephritis - about — (Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Heart Clot — (Duration) — yrs. 1 mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic and Opthalmoscopic

(Signed) Clement Norfolk M. D.

19 (Address) 1900 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. | DATE OF BURIAL. July 21 19 32

20-UNDERTAKER. H. Lew W. Cully | ADDRESS 1258 Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—3-29-28—L. F. S.—500 Blks.

E 81500 HEALTH DEPARTMENT—CITY OF BALTIMORE

53

E 81500

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1630 S. Charles St. 23-32 WARD

2—FULL NAME Mr. Clifton Earley

(a) RESIDENCE NO. 1630 Druid Chapel St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 7 mos. 18 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Alice Earley

6 DATE OF BIRTH (month, day, and year) Nov 11 1892

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	7 8	18 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Jerry Earley

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Emma Webb

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Hospital record (Address)

15 Filed JUL 1 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17-32

17 I HEREBY CERTIFY, That I attended deceased from 6-20-32, 19..., to 7/1, 1932, that I last saw h[illegible] alive on 7/13/32, 19... and that death occurred, on the date stated above, at 6.20 A m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcomatosis.

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy, + biopsy

(Signed) [illegible] Burns, M. D.

, 19 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL 7/20 1932

20 UNDERTAKER J. Fred McCully — ADDRESS 130 E Fay

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be carefully supplied. See instructions on back of certificates.

M. D. B. 1268-9

E 81501 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81501

CERTIFICATE OF DEATH

93-023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 25-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa L. Harris

(a) Residence: No. ... Fairfield Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date July 19, 1932

19. UNDERTAKER

(Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Herzog M. D. Coroner

(Address) 1305 N. Patterson Pk.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81502

CERTIFICATE OF DEATH

46 E 81502

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. of Md. Hospital St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wm Smith

(a) Residence: No. 916 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Smith

6. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose Anna ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gertrude Smith

(Address) 916 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED July 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28 1932 to July 16 1932

I last saw he alive on July 16 1932. Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	5/24/32

Other contributory causes of importance:

Name of operation Laparotomy Date of June 24

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurence James Abrams M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 81503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81503

262797

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Sutton

(a) Residence: No. 1839 Kavanaugh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-1-32

7. AGE Years	Months	Days 15 & weeks	If LESS than 1 day, ... hrs. or ... min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harold Sutton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Marie Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date July 19, 1932

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Freeman St

20. FILED JUL 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 16, 1932

I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 10 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 9, 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) T. E. Nelson M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 81504 HEALTH DEPARTMENT—CITY OF BALTIMORE 81504

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wolf & Thames St. 2-4 Ward) Registered No. 207

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Brolund

(a) Residence: No. 180 Thames St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July [illegible], 19[illegible]

19. UNDERTAKER

(Address)

20. FILED [illegible], 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19— Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental (by Freight Car Killed)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury —, 19—

Where did injury occur? Wolfe Thames
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Run over by Freight Car

Nature of injury Multiple Fractures

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) B Berzog M.D. M. D.

(Address) 1305 N Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE

M. D. B. 1268-9

E 81505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81505

CERTIFICATE OF DEATH

13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Laurens St. (Ward) 16 2 26

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Bell

(a) Residence: No. 1217 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo Bell
(Address) 1217 Laurens.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date July 9 1926

19. UNDERTAKER Undertaker Unk
(Address)

20. FILED July 10 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1926

22. I HEREBY CERTIFY, That I attended deceased from July 1 1926 to July 9 1926

I last saw h alive on July 9 1926 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Interstitial Nephritis	
b. Uraemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Unk Coroner, M. D.

(Address)

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—700 B—501

E 81506

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 81506

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 331 Forrest St. ST. 5-8 (WARD)

2-FULL NAME Eleanore McKathan.

(a) RESIDENCE NO 331 Forrest St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	26	-------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed ..... 193... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

7/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Municipality of Md	July 19 19 32
20 UNDERTAKER Undertaker Health	ADDRESS

Per. Wm. E. Woodall

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 81507 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81507

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. Fayette St. ST. 3-5-75 WARD)

2-FULL NAME Levania Willis. (C)

(a) RESIDENCE NO. 1121 E. Pratt St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	---------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed JUL 1 1932, 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

7/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL 19

20 UNDERTAKER: Bureau of Vital Statistics

ADDRESS

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 81508 ✓ E 81508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1134 W Saratoga St. (WARD) 18-16

REGISTERED NO. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Child of Denny Hagley & Ollie Thompson

(a) RESIDENCE NO. 1134 W Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17, 1932

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Denny Hagley

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Ollie Thompson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Ollie Thompson (Address) 1134 W Saratoga St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18. 192

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 18, 1932, that I last saw h[illegible] alive on July 17, 1932, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) [illegible] mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. S. Harrell M.D.

19 7 (Address) 1134 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: July 19 19 [illegible]

20 UNDERTAKER — ADDRESS

Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AACo. 5-31 250B

E 81509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81509

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward) 24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Thomas H. Fowler

(a) Residence: No. 349 High Street Charlestown Maryland Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	28 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wash College

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 1 mo

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER FATHER

13. NAME U. S. Fowler

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

15. MAIDEN NAME Harriet A Frazier

16. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

17. INFORMANT William F. Fowler
(Address) 2015 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL Charlestown Md 7/19 1932

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-14-32, 19..., to 7-19-, 1932

I last saw him alive on 7/15, 1932 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/18/32
Other contributory causes of importance:	
Myocarditis	
Arteriosclerosis	
Hemorrhoidectomy	7/15/32

Name of operation Hemorrhoidectomy Date of 7/15/32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Muller, M. D.

(Address) South Baltimore Gen. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 81510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81510

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 20-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME Mary Klausmeyer

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December, 17th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Henry Klausmeyer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Bretthodlt

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records German Aged Home
(Address) Balto and Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge Md. Date July, 20th. 1932

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 18th. 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h[illegible] alive ... dead 19 July 19, 1932 Death is said to have occurred on the date stated above, at 12.30 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur, Accidental	

Other contributory causes of importance:

Senility	

Name of operation None Date of ....

What test confirmed diagnosis? Phy. signs Was there an autopsy? No

23. If death was due to external causes, (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/2 1932

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Slipped on Floor

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Dr. H. Cromwell M.D.

(Address) 203 Patapsco Ave. Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD.

AACo. 5-31 2108

E 81511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81511

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Marlborough Apts. 10H St. 14-36 (Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Edmund Kraus

(a) Residence: No. Marlborough Apts. 10H St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose H. Kraus

6. DATE OF BIRTH (month, day, year) Dec. 8, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER FATHER

13. NAME Leopold Kraus

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Clara Graf

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mr. L. Kraus
(Address) Marlborough Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Date July 20, 1932

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED JUL 19 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to July 18, 1932

I last saw h[illegible] alive on July 18, 1932 death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	7 mos over mos
Other contributory causes of importance:	
acute dilatation of heart	1 day

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lantz, M. D.

(Address) Temple Garden Apts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 81512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81512

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 West North Ave. St. 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha May Benesch

(a) Residence: No. 1645 West North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Benesch

6. DATE OF BIRTH (month, day, year) Feby. 13, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (0)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis May

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Z. Benesch
(Address) 1645 W. North Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date 7/20/ 1932

19. UNDERTAKER Harid Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 , 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to July 18, 1932

I last saw her alive on July 18, 32 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes - arteriosclerosis nephritis	1930
Other contributory causes of importance:	
Oedema of lungs	2 days

Name of operation none Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

Director

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81513 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81513

CERTIFICATE OF DEATH

92-061 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Linwood Ave Ward) 7-11

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin A. Wahl

(a) Residence: No. 709 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14th 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Counter man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Childs Restaurant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. F. Wahl
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Hoerner
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo F. Wahl
(Address) 708 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 21st 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED July 19th 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8 1932 to July 18 1932

I last saw him alive on July 18 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1
Other contributory causes of importance: Cerebral Hemorrhage	7-13-32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Heller M. D.

(Address) 1437 Bonner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 81514 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81514

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1500 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Wagner

(a) Residence: No. 3032 Herbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 11th 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Wagner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Hejdak

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Emma Wagner

(Address) 3033 Herbert St

18. BURIAL, CREMATION, OR REMOVAL

Place Westlawn Date July 21 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 11, 1932

I last saw h Er alive on July 11 1932 death is said to have occurred on the date stated above, at 11 1/2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Peritonitis	7/14/32
(2) Ruptured Gangrenous appendicitis	7/13/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip F Lemmon M. D.

(Address) West Baltimore General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81515

HEALTH DEPARTMENT—CITY OF BALTIMORE

81515

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Moore St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Fears

(a) Residence: No. 411 Moore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1924 May 9

7. AGE: Years 8 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Lloyd Richer

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Martha Fears

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Martha Fears 411 Moore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/20/32

19. UNDERTAKER (Address): Mrs. Geo. E. Holland 1651 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17th 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... July 19 32

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis — Date of onset 1 year

Other contributory causes of importance:

Name of operation: Regular — Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250P

Mason Street

E 81516

E 81516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-24 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dz.

2. FULL NAME Alberta Wilson

(a) Residence: No. 920 Mason St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred Wilson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Landon
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence Wilson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 7/20/1932

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 163 Druid Hill Ave

20. FILED JUL 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1932 to 7-15, 1932

I last saw her alive on 7-18, 1932 death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Measles Cause

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. E. M. Deale M. D.

(Address) 7-15-32 Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81517 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81517

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-43 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Dora Lenhart

(a) Residence: No. 6013 Burgess Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of (or WIFE of)~~ William H. Lenhart

6. DATE OF BIRTH (month, day, year) Aug 4, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Benjamin Chancellor

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah King

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Wm H. Lenhart

(Address) 6013 Burgess Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 7-20 193

19. UNDERTAKER Leonard J. Rogers

(Address) 3305 Harford Rd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-9 1932 to 7-17 1932

I last saw her alive on 7-17 1932 Death is said to have occurred on the date stated above, at 1.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	over 2 years
Chronic Passive Congestion Liver & Kidneys	?
Auricular Fibrillation	?
Cardiac Hypertrophy & Decompensation	?

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 81518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81518

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N Eden ST., 10-12 WARD)

2—FULL NAME Wm H. Nichols

(a) RESIDENCE NO. 1114 N Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Cd	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-16-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Archibald Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Georgia Nichols

(Address) 1114 N. Eden St

15 Filed JUL 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-32

17 I HEREBY CERTIFY, That I attended deceased from ~~July~~ 6/15, 1932, to July 18, 1932

that I last saw him alive on July 18, 1932

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

unknown

(duration) yrs., mos., ds.

CONTRIBUTORY (Secondary) Acute Coronal Thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Harris

(Signed) Bernard Sam, M. D.

7/19, 1932 (Address) 1207 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Humicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 7/21 1932

20 UNDERTAKER Charles G Bailey

ADDRESS 1321 Jefferson St Baltimore Md Bailey

Hunterian Laboratory

Oil of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—600 Blks.

E 81519 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 81519

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 7-44

CITY OF BALTIMORE: (No. 2502 Hennessa Ave ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Henry C. Benner

(a) RESIDENCE NO. 2509 Hennessa Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Benner

6 DATE OF BIRTH (month, day, and year) July 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Benner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed JUL 20 1932, 19 Huntington Wilson Registrar
(Director)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1932

17 I HEREBY CERTIFY, That I attended deceased from 7-7, 1932, to 7-17, 1932

that I last saw h alive on 7-17, 1932

and that death occurred, on the date stated above, at 8:10 p.m.

The CAUSE OF DEATH* was as follows:

Malignancy (Ca) Left Bronchus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

Diabetes Mellitus (duration) yrs. approx Mo. 3 yrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert V. Chamberlain, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	July 20 1932
20 UNDERTAKER John Merrick	ADDRESS 2008 Orleans

important. See instructions on back of certificates.

M. D. B. 1268-9

Rothschil

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81520 E 81520

CERTIFICATE OF DEATH

53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 E La Fayette St. 17 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Rothschild

(a) Residence: No. 2032 E La Fayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Rothschild

6. DATE OF BIRTH (month, day, year) May 29-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	1	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Rothschild
(Address) 2032 E La Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date July 22 1932

19. UNDERTAKER John McGuirk
(Address) 2108 Eutaw St

20. FILED JUL 20 1932 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to July 19 1932

I last saw her alive on July 18 1932 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	1 year
Other contributory causes of importance: Cachexia & Metastasis	3 mo.

Name of operation Laparotomy Date of 5/27/32

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) Albert Eisenberg M. D.

(Address) 2032 E Holl Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81521 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81521

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209-N. Linwood Ave. St., 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME MARGARET GROELL

(a) Residence: No. 209-N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Groell

6. DATE OF BIRTH (month, day, year) 2/26/1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	22	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Witzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Barbara S. Pessagno
(Address) 209-N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/21/32

19. UNDERTAKER George J. Fuith & Son
(Address) 1701 Eastern Ave

20. FILED JUL 20 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1932 to July 18, 1932

I last saw her alive on July 18, 1932. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Mitral Regurgitation	1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Slingerly M. D.
Attending Physician (Address) 613 E. North Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

81522

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23 E 81522

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 2033 Druid Hill Ave. WARD) 1-20

2-FULL NAME Pleasant Duncan

(a) RESIDENCE NO. 2033 Druid Hill Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co'y

PARENTS

10 NAME OF FATHER Robert Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Addie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Addie Duncan

(Address) 2033 Druid Hill Ave

15

Filed ..... 192 ..... Registrar

JUL 20 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Phthisis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. C. Smith M. D. Coroner

July 19 (Address) Co. Jail

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem'y

DATE OF BURIAL 7-22 1932

20 UNDERTAKER Dent Foster

ADDRESS 916 Dolphin St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81523

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1406 Brunt St. (Ward) 14-20

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Turner

(a) Residence: No. 1406 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ann.

6. DATE OF BIRTH (month, day, year) 1908

7. AGE — Years 24 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Alex Turner

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Harriet —

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Ann Turner

(Address) 1406 Brunt

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7-21- 1932

19. UNDERTAKER David Easton

(Address) 916 Pa ave

20. FILED Jul 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16 1932 to July 16 1932

I last saw him alive on July 16 1932 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Homicide

Pistol wound of heart

Sudden

Other contributory causes of importance:

Date of onset

Name of operation Autopsy Date of July 16

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury July 16 1932

Where did injury occur? 1406 Brunt (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leo Knott Coroner M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81524

CERTIFICATE OF DEATH

1160 E 81524

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 24 Ward 3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Borbmann

(a) Residence: No. University Hospital St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Frederick Borbmann

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Dorothea Jewell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dorothea Borbmann
(Address) 518 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 19 1932

19. UNDERTAKER Percy McCauley
(Address) 728 E. Fort Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18th, 1932 to July 19th, 1932

I last saw him alive on July 19th 1932 death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Therapeutic Abortion (24 weeks)	
Toxemia of Pregnancy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Louis H. Kaufman M. D.

(Address) Bmid. Hosp.

Director

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E-81525

E-81525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423-E-25th St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth 7 yrs. 8 mos. 2 ds.

2. FULL NAME Julia Lear Fowler

(a) Residence: No. 423-E-25th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Fowler

6. DATE OF BIRTH (month, day, year): Aug 20 1857

7. AGE: Years 74 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1901

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Westminster Maryland

FATHER

13. NAME: George Lear

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Lydia Spencer

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Lotta V. Fowler-Dyer

(Address) 423-E-25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Dundalk Date July 20 1932

19. UNDERTAKER: Edward Mentzer

(Address) Dundalk

20. FILED JUL 20 1932 Covington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to July 18, 1932

I last saw her alive on July 16, 1932 Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1931

Other contributory causes of importance:

Influenza + Exhaustion

Name of operation: None Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Ret. G. Fyfe. M. D.

(Address) 719 Md. Ave. Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81526

E 81526

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 7-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Arthur Gettman

(a) RESIDENCE No Windsor Mill Road & Lorraine Ave ST. ..... WARD Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. --- mos. -- ds. How long in U. S., if of foreign birth? --- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adaline Borgmann

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer David Hennerberry

9 BIRTHPLACE (city or town) Pittsburg
(State or country) Penn.

PARENTS

10 NAME OF FATHER Thomas Gettman

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Barrett

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg
(State or country) Penn.

14 Informant Mrs. Adaline Gettman
(Address) Windsor Mill Road

15 Filed ..... 192 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jul 18/32 9. P.M. 19.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Spinal Cord injury-Fractured neck while diving at Boaring Pt Middle River. Md on Jul 17/32

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? a s stated

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. D. H. Waesche, M. D. Coroner

7/20/32 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 7/21 1932

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 805 W. Calvert

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81527

82-09

E 81527

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2211 Rogers Ave (Ward) 19-27

2-FULL NAME Estelle Bier.

(a) RESIDENCE NO. Home for the Aged of the M E Church

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Aug 19- 1870.

7 AGE: Years 61 | Months 11 | Days — | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Christian Bier.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Barbara Jakel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Etta Cuddy 2211 Rogers Ave

15 Filed ... 19 ... Registrar

JUL 20 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 July 19=32

17 I HEREBY CERTIFY, That I attended deceased from July 12/32 19 ... to July 19 ... 1932, that I last saw her alive on July 16 ... 1932, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (secondary): Apoplexy

(duration) yrs. mos. 7 ds.

18 Where was disease contracted? —

If not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Methods

(Signed) George B Shannon, M. D.

(Address) 700 Fresen Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — Date of Burial: July 21 1932

20 UNDERTAKER: George J Smith — ADDRESS: Holbrook

Use should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81528 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81528

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Theo Kowalewicz

(a) Residence: No. 5611 O'Donnel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Tillie

6. DATE OF BIRTH (month, day, year) Dec 3 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	53	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Kowalewicz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Record City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bocaran Cem Date 7/21 1932

19. UNDERTAKER 1114 Fairmount Ave
(Address)

20. FILED JUL 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7-18-32
Other contributory causes of importance: Fracture of L Leg and Broncho Pneumonia	7-12-32

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell out of bed

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 3052 Patterson Pl

1-30—M. & T.—100 B—50L

(Anthony Yaudegis or Yaukes)

E 81529

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 V E 81529

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Off 2nd St. & Chesapeake Ave. ST. 4-25 WARD

2-FULL NAME Anthony Yaudegis. or Yanks

(a) RESIDENCE NO 672 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Angela C. Yaudegis.

6 DATE OF BIRTH (month, day, and year) November--1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Anthony Yaudegis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithaunia

12 MAIDEN NAME OF MOTHER Mary Doueches.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithaunia.

14 Informant Angela C. Yaudegis. (wife)

(Address) 672 W. Fayette St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patapsco at Boat

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

7/19/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL July 21, 1932

20 UNDERTAKER John Grebliauckas ADDRESS 433 S. Paca St.

Hunter-Williams

AUG 2 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See Instructions on back of certificates.

M. D. H. 1268-9

E 81530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81530

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Duncan St. 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Bieri

(a) Residence: No. 231 N. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bieri

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Hammuth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Bieri

(Address) 231 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 21, 1932

19. UNDERTAKER Wm. G. Zipfel & Son

(Address) 2334 Jefferson St.

20. FILED JUL 6 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932 to July 18, 1932

I last saw her alive on July 18, 1932 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis Septic	1920
Other contributory causes of importance: Myocardial Insufficiency	July 16 32
Pulmonary Edema	

Name of operation None Date of .....

What test confirmed diagnosis? Nasal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. G. Geyer M. D.

(Address) 156 N. Milton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81531

CERTIFICATE OF DEATH

REGISTERED NO. 1834

1-PLACE OF DEATH: Off 2nd & Chesapeake Ave. ST. 24-34 WARD

CITY OF BALTIMORE: (No.)

2-FULL NAME: Andrew J. Cummings.

(a) RESIDENCE NO. 1804 1840 Jackson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 2, 1895.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Joseph Cummings.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Ida Novak.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mary J. Littleton. (sister.)

(Address) 1840 Jackson St.

15 Filed JUL 20 1932, 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Foot of 5th

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Pinkard, M. D. Coroner

7/20/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: July 21 1932

UNDERTAKER: John F Denny

ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 81532

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002 E 81532

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Haubert St. ST. 24-35 WARD)

2-FULL NAME John Graham.

(a) RESIDENCE NO 1127 Haubert St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 46 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ellen Graham.

6 DATE OF BIRTH (month, day, and year) May 18, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Graham.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Watkins.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Michael Kelly. (brotherinlaw)

(Address) 1127 Haubert St.

15 Filed JUL 20 1932 19.. Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinmayer, M. D. Coroner

7/29/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL July 21 19 32

20 UNDERTAKER Charles L. Steinmetz & Son

ADDRESS 1507 E. Fred. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 81533 HEALTH DEPARTMENT—CITY OF BALTIMORE V E 81533

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17 ..... Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Richard Haskins

(a) Residence: No. 926 Druid Hill ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Haskins

6. DATE OF BIRTH (month, day, year) Dec. 16, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unkno

12. BIRTHPLACE (city or town) Richmond (State or country) Virginia

FATHER

13. NAME M. Haskins

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med Colleg Date July 20, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1932 to July 16, 1932

I last saw him alive on July 16, 1932 Death is said to have occurred on the date stated above, at 10.15 a.m. p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.

(Address) Baltimore City Hospitals

26 CAUSES OF DEATH to be plain terms, so that it may be properly classified. Last BIRTHDAY of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1264-9

81534

E 81534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Balto Md Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 5 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Hazel McAlister

(a) Residence: No. Winchester Rd St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		42 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME ....

14. BIRTHPLACE (city or town) (State or country) ....

MOTHER

15. MAIDEN NAME ....

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT ....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 20, 19 32

19. UNDERTAKER ....

(Address)

20. FILED ....., 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932 to July 13, 1932

I last saw her alive on July 13, 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Congenital syphilis — Date of onset ....

Other contributory causes of importance:

Hemorrhage disease of newborn — Date of onset 7/1/32

Name of operation .... Date of ....

What test confirmed diagnosis? Path & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Marie Jones Abrams, M. D.

(Address) Univ. Hosp.

M. D. B. 1244-A

E 81535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81535

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospls

CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Nance

(a) Residence: No. 1210 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Sadler

6. DATE OF BIRTH (month, day, year) [illegible] 16- 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte N.C

MOTHER FATHER

13. NAME Thos. Nance

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Fanny Gilmore

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Y.A. Med. College Date July 20, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUL 20 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1931, to 7-17, 1932

I last saw her alive on 7-17, 1932 Death is said to have occurred on the date stated above, at 5 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix with regional Metastisis	
Ensuing anemia	5-1-31
Other contributory causes of importance:	
Bronchopneumonia	7-14-32

Name of operation Biopsy Cervix Date of 1931

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Evelyn E. Lute, M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 81536

1130—[illegible]B—50L

E 81536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043½ W. Fayette ST. 18-26 WARD)

2-FULL NAME Andrew Hall

(a) RESIDENCE NO. 1043½ W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Angie Hall

6 DATE OF BIRTH (month, day, and year) ? ? 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Southampton Co. Virginia

PARENTS

10 NAME OF FATHER Andrew Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Angie Hall

(Address) 1043½ W Fayette St.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? History given

(Signed) Guy N. Cromwell, M. D. Coroner

7/19 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 20, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 3221 Edmondson Ave

Registrar

Director

JUL 20 1932

M. D. B. 1268-9

E 81537

E 81537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N Linwood ave. 6-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dena E. Ispes Eibs

(a) Residence: No. 19 N Linwood ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wendt Ispes

6. DATE OF BIRTH (month, day, year) Jan 3 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

13. NAME ? Kissner

FATHER

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Ida. Bechtold

(Address) 19 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 23 1932

19. UNDERTAKER Martin W. C. Dippel Inc

(Address) 32 E Lanvale St

20. FILED JUL 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to July 19 1932

I last saw h[illegible] alive on July 19 1932 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Valvular disease of Heart

Date of onset

Other contributory causes of importance:

Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Boshell M. D.

(Address) 1927 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81538

81538

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No 37 E. Fort ave St. 23-34 Ward)

2-FULL NAME Catherine Kelly

(a) RESIDENCE NO. 37 E. Fort ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 18. 1845

7 AGE — Years: 86 — Months: 8 — Days: — IF LESS than 1 day .....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Martin Kelly

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Eagen

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Mrs. M. J. Gorrick

(Address) 37 E. Fort ave

15 Filed ..... 19 ..... Entered ..... Registrar

JUL 26 1932

Huntington Division

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18th, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 5th, 1932, to July 18, 1932, that I last saw h[illegible] alive on July 18, 1932, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schwenk, M. D.

. 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial July 21 19 3

20 UNDERTAKER: Margaret H. Flynn ADDRESS 1422 Light St

(If not buried or cremated in Baltimore, give name of cemetery or crematory in other city or county.)

(Undertaker must sign in his own handwriting.)

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Age should be stated EXACTLY.

M. D. B. 1268-9

81539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81539

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1723 Maryland Ave St. 12-19 (Ward)

Registered No. 159
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Stokes

(a) Residence: No. 1723 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 1723 Maryland Ave Balto Md.

FATHER

13. NAME Doctor Scott.

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Ollie Stokes

16. BIRTHPLACE (city or town) (State or country) Randolph NC.

17. INFORMANT mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL Buried Date 7/16/32

19. UNDERTAKER
(Address)

20. FILED JUL 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-32

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 16, 1932

I last saw him alive on July 16, 1932. Death is said to have occurred on the date stated above, at 9.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematority	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Alexander Lowry M. D.

(Address) 1516 MADISON AVENUE

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 81540

E 81540

HEALTH DEPARTMENT—CITY OF BALTIMORE

183

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Dry Docks. ST. 42-54 WARD)

2-FULL NAME Robert L. Major.

(a) RESIDENCE NO 2807 Bernard St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 8 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Nellie Major.

6 DATE OF BIRTH (month, day, and year) February 7, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	38	5	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer): 031
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Robert Major.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Margaret ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Nellie Major. (wife)

(Address) 2807 Bernard St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occicental Drowning.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Fell off of Cars

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) ..... M. D. Coroner

7/20/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	July 21, 1932
20 UNDERTAKER Chenoweth & Son	ADDRESS 3145 Eutaw Ave

L 2 1932

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

M. D. B. 1268-9

81541 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81541

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Hooper Ave St., 13-53 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry M. Stansbury.

(a) Residence: No. 3604 Hooper Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma V. Stansbury.

6. DATE OF BIRTH (month, day, year) Feb 2, 18 51

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Samuel Stansbury.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Emma V. Stansbury.
(Address) 3604 Hooper Ave.

18. BURIAL, CREMATION, OR REMOVAL
Lexington Balto Co. Date July 22, 1932

19. UNDERTAKER Chenowe & Lore.
(Address) 3615 Chestnut Ave

20. FILED JUL 22 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932 to July 20th 1932
I last saw him alive on July 19th, 1932 Death is said to have occurred on the date stated above, at 7.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Senility. Prostatitis. Arthritis deformans, etc

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. G. Lilienthal M. D.

(Address) 3615 Falls Rd

State CAUSE OF DEATH in plain terms, so that it may be understood by a layman. OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

81542 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81542

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 65 E Randall St. 23-34 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary N Bauer

(a) Residence: No. 65 E Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John F. Bauer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Reed

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Bauer
(Address) 65 E Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 7/21 1932

19. UNDERTAKER Edw. J. Kelly & Son
(Address) 1300 Eastern Ave.

20. FILED 7-21-1932 [illegible] Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18 1932 to July 18 1932, that I last saw [illegible] for alive on July 18 1932 death is said to have occurred on the date stated above, at 11.8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	7/18/32
Other contributory causes of importance Hypertension & Arteriosclerosis	1928

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Haughton, M. D.

(Address) 65 E. Randall

M. D. B. 1268-9

E 81543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81543

CERTIFICATE OF DEATH

V121

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital - St. 8-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Teresa Rust

(a) Residence: No. 1619 N. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert E. Rust

6. DATE OF BIRTH (month, day, year) Oct 17 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME James F. Mueller

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Martha M. Howard

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Mr. E. Rust
(Address) 1619 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date July 23 32

19. UNDERTAKER A. S. Waddell
(Address) 2534 Eastern Ave

20. FILED JUL 21 1932 19 ... Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20- , 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18th, 1932 to July 20th, 1932

I last saw h[illegible] alive on July 20th, 1932 Death is said to have occurred on the date stated above, at 7:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous appendicitis	July 16th 32
Appendical Abscess.	
Status Typhosus over Feb. 1932	

Other contributory causes of importance:

Cerebral Embolus

Name of operation Appendectomy & Drainage Date of 7/19/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) N. F. Yeaney M. D.

(Address) St. Josephs Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81544 — 13 E 81544

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 905 N. Bond St., (Ward) 7-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Burnell

(a) Residence No. 905 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Burnell

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Ella Cook

16. BIRTHPLACE (city or town) (State or country) Hustonville Ky

17. INFORMANT Bertha Johnson

(Address) 905 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL. Place National Cem. Date 7-21 1932

19. UNDERTAKER Bryon Mamie Wright

(Address) 1218 McCulloh St

20. FILED JUL 21 1932 Beatrice Williams Registrar, W. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to July 18 1932

I last saw him alive on July 18 1932 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset 3 mos ago

Other contributory causes of importance: Chronic Passive Congestions Hydrothorax and Generalized Edema — Two days

Name of operation none — Date of

What test confirmed diagnosis? Clinical — Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. Upman M. D.

(Address) 1429 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

81545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81545

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Loewer

(a) Residence: No. 208 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hopkins Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William Loewer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Jang

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Leonard Loewer
(Address) 511 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 23 1932

19. UNDERTAKER J. J. Beck
(Address) 1516 N. Eutaw

20. FILED ... (Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 20/38

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage- Apoplexy	
Other contributory causes of importance: Cardiac Hypertrophy	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Linen room at Hopkins Hospital

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Lauer Coroner, M. D.

(Address) 508 E. Fort Ave

M. D. B. 1268-9

E 81546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81546

CERTIFICATE OF DEATH

131√

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Carlton Terrace St. 12-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Small

(a) Residence: No. 1604 Carlton Terrace St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wash Small

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Bradley

(Address) 1604 Carlton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 20, 1932

19. UNDERTAKER M. P. G. Elliott

(Address) 1720 E. Eastland Ave

20. FILED ..... 19..... by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 19, 1932

I last saw him alive on July 17, 1932. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	7/13/32
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin B. McCampbell, M. D.

(Address) 1163 E. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81547

CERTIFICATE OF DEATH

X 53E 81547

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Avenue 25-72 Ward)

Length of residence in city or town where death occurred ....yrs.. .mos.....ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Annie Barkhage

(a) Residence: No. Elkridge Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Clement

6. DATE OF BIRTH (month, day, year) ? ? 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clement Barkhage

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

St Augustine Cem Elkridge Md Date July 22 1932

19. UNDERTAKER John J Cowan & Son

(Address) 20 E Fallsway

JUL 21 1932

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6 1932 to July 20 1932

I last saw h.r alive on July 20 1932 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervical glands.	
Myocardial Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Torales, M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81548

CERTIFICATE OF DEATH

131 E 81548

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Chesley Ave St. 15-65 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Wagner

(a) Residence: No. 3102 Chesley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Lillian E. MacSchmidt

6. DATE OF BIRTH (month, day, year) June 5-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 060

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John M Wagner

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary J Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lillian E Wagner

(Address) 3102 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 7/23/ 1932

19. UNDERTAKER John J. Cruger & Son

(Address) 901 Hollins St

20. FILED JUL 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14th 1932 to July 19th 1932

I last saw h.. alive on July 18th 1932 Death is said to have occurred on the date stated above, at 8.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Feb 14th
Myocarditis	
Other contributory causes of importance:	
Anasarca of the lungs	July 15

Name of operation ..... Date of .....

What test confirmed diagnosis Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Taubman M. D.

(Address) 1142 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-B

E 81549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81549

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Elm Ave St., 13-52 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie G. Brown

(a) Residence: No. 3308 Elm ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar F. Brown

6. DATE OF BIRTH (month, day, year): April 1st 1879

7. AGE: Years 53. Months 3 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER

13. NAME: Amos E. Legg

14. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

MOTHER

15. MAIDEN NAME: Mary L. Foxwell.

16. BIRTHPLACE (city or town) (State or country): Harford Co Md.

17. INFORMANT: Oscar F. Brown Husband

(Address) 3308 Elm ave

18. BURIAL, CREMATION, OR REMOVAL: Hayes Co Md.

Place Mountain Lawn Cemetery Date July 23 1932

19. UNDERTAKER: J. Hattie Davis

(Address) 1 [illegible]

20. FILED JUL 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1931 to July 19 1932

I last saw h[illegible] alive on July 19 1932 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Nervous	12-2-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur F Dayer M. D.

(Address) 8004 Belair Rd.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 81550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81550

25

CERTIFICATE OF DEATH

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. ~~Jesse Ramsey~~ St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Ramsey

(a) RESIDENCE NO. 1402 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE Years 20 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 37

(b) General natore of industry, bosiness, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): md.

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed JUL 21 1932 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 - 19 1932

17 I HEREBY CERTIFY, That I attended deceased from 6-29, 1932, to 7-19, 1932, that I last saw h. ER alive on 7-19, 1932, and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis ?

(duration) yrs. 3 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) George McDonald, M. D.

7-19 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — Date of Burial: July 23 1932

20 UNDERTAKER: Edw. Bryan — ADDRESS 691 Orleans St.

How should be entered supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81551

E 81551

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 2934 Kentucky Ave (STREET) 8th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Carey

(a) RESIDENCE NO. 2934 Kentucky Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J Carey

6 DATE OF BIRTH (month, day, and year): Jan 8-1860

7 AGE — Years: 72 Months: 6 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Godfrey Steck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Steck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary E Carey
(Address): 2934 Kentucky ave

15 Filed JUL 21 1932 Registrar

MA, [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1932

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to July 19, 1932, that I last saw h[illegible] alive on July 18, 1932, and that death occurred, on the date stated above, at 11 00 m.

The CAUSE OF DEATH* was as follows:
Chronic Bright's Disease
Kidney Disease

CONTRIBUTORY (Secondary): Senile Debility (duration) yrs. 6 mos. ds.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Hearn M. D.

7/20 1932 (Address) 3701 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath July 23-1932

DATE OF BURIAL

20 UNDERTAKER: Jos J Harrison

ADDRESS: 156 Eutaw ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81552

CERTIFICATE OF DEATH

E 81552

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 N Lexington Ward) 20-17

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Hetzel Robertson

(a) Residence: No. 1923 W Lexington Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary M Robertson

6. DATE OF BIRTH (month, day, year): Dec 27 1879

7. AGE: Years 52 | Months 6 | Days 24 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Wm D Robertson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Catherine Middleton

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Edw B Robertson (Address) Martinsburg W Va

18. BURIAL, CREMATION, OR REMOVAL: Martinsburg W Va 7/21 1932

19. UNDERTAKER: Geo A [illegible] by Ernest Taylor (Address) Martinsburg W Va

20. FILED ____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1932 to 7/20 1932

I last saw him alive on 7/20 1932 Death is said to have occurred on the date stated above, at 3 1/2 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis -- chronic

Date of onset ?

Other contributory causes of importance: Acute dilatation of heart ?

Name of operation ____ Date of ____

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Thos. E. Stacy Jr. M. D.

(Address) 401 N Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81553

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp St., 1-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Stella Sorazyk or Sorachak

(a) Residence: No. 3000 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wasyl Sorachak

6. DATE OF BIRTH (month, day, year) Oct 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	39	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Kopilak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Sorazyka (Address) 3000 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date July 22 1932

19. UNDERTAKER Alfred J. Feathers (Address)

20. FILED JUL 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 ... to ——— 19 ...

I last saw h— alive on ——— 19 — Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage of Lung due to Gunshot wound Homicidal	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury July 19 1932

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Shot by Husband

Nature of Injury Lacerated Lung.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. P. Herzog M. D.
Coroner

(Address) 1305 N Patterson Park Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 81554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81554

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Elliott St St. | - | Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wasyl Soroczyk or Sorachalk

(a) Residence: No. 3000 Elliott St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Soroczyk

6. DATE OF BIRTH (month, day, year) Feb 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Stella Soroczyk

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date July 22 1932

19. UNDERTAKER Peter J. Kaminski

(Address) 6000 Kenwood Ave

20. FILED 1932 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h— alive on ... 19... Death is said to have occurred on the date stated above, at 9.30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Heart Suicide.	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, ~~suicide~~, or homicide? Yes Date of injury July 19, 1932

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot wound

Nature of injury Haemorrhage of Heart

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Patterson Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—9-30—A. & Co.—250 Blks

81555

E 81555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1730 Montpelier St 9th WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry C Sutherland

(a) RESIDENCE NO. 1730 (Usual place of abode) Montpelier ST. ..... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If ~~married~~, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary M Sutherland

6 DATE OF BIRTH (month, day, and year) May 30 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 years	Months 19		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Farm~~ None

(b) General nature of industry, business, or establishment in which employed (or employer) ~~None~~

(c) Name of employer ~~None~~

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mary M Sutherland 1730 Montpelier

15 Filed JUL 21 1932 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1932

17 I HEREBY CERTIFY, That I attended deceased from Apr 2 1932 to July 19 1932

that I last saw him alive on July 19 1932

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(Duration) yrs. mos. 1 ds.

arterio sclerosis & hyper

CONTRIBUTORY (Secondary) Senility (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John W Anderson M. D.

, 19 (Address) 1714 N Carolina St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore Cemetery

DATE OF BURIAL July 22 1932

20 UNDERTAKER George W Schilling

ADDRESS 424 E Monument St

TION is very important. See instructions on back of certificates

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81556

E 81556

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Brown

(a) Residence: No. 419 Druid Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Brown

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Records of Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med College Date July 21, 1932

19. UNDERTAKER (Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/10/32 . 19 .... to 7/14/32 .... 19 ....

I last saw her alive on 7/14/32 19 .... Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	unk
Nephritis chronic	—
Edema	

Other contributory causes of importance:

Bronchopneumonia	7-6
Hypertension	unknown

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

7-15-32 (Signed) Elmer Higgleger M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 31557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31557

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 12-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Robertson

(a) Residence: No. 1731 Guilford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	.....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 13, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Premature	6½	.....	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bennett Robertson

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Mary ? ? ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of Md Cemetery Date July 26, 1932

19. UNDERTAKER .....
(Address)

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 4.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. V. Apte, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-2

E 81558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81558

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ?) St. 10-14 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Bruton (or Bruton)

(a) Residence: No. 938 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Bessie Bruton

6. DATE OF BIRTH (month, day, year) 4-11-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kinston N.C.

FATHER

13. NAME Emanuel Bruton

14. BIRTHPLACE (city or town) (State or country) Kinston N.C

MOTHER

15. MAIDEN NAME Georgia ?

16. BIRTHPLACE (city or town) (State or country) Kinston N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 21 19 32

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 32

22. I HEREBY CERTIFY, That I attended deceased from 4-4 1932 to 7-12 1932

I last saw him alive on 7-12 1932 Death is said to have occurred on the date stated above, at 7½ P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
1) Peritonitis Typhoidal	(?)
2) Chronic Pleuris	1931
3) Arteriosclerosis	

Other contributory causes of importance:

Broncho Pneumonia	7-32

Name of operation None Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther F. Leake M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

1559 L 20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81559

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1026 Hollins ST. 18-29 WARD

2-FULL NAME Louis Lapp

(a) RESIDENCE NO. 1026 Hollins ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ?. yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Probably single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	73	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ? 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Southwestern Patrol

(Address) Calhoun & Pratt Sts

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute alcoholism probably (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Signs

(Signed) Guy N. Thomsell Coroner, M. D.

7/11 1932 (Address) 593 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Medallion

DATE OF BURIAL July 21 1932

20 UNDERTAKER Commissioner Health

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

JUL 21 1932 THE MORGUE

M. D. B. 1268-9

E 81560 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81560

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4601 Pall Mall St., 27-56 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Veronica Maginnis

(a) Residence: No. 4601 Pall Mall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas A Maginnis

6. DATE OF BIRTH (month, day, year): May 1856

7. AGE: Years 75 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home (duties)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Roger Barrett Ireland

MOTHER

15. MAIDEN NAME: Catherine Kane

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: M A Maginnis
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: July 24, 32

19. UNDERTAKER: Wm J. Tobin & Son
(Address): North & Fayette

20. FILED: July 27 1932, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to July 20, 1932

I last saw her alive on July 19, 1932 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 3 1932

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J Doran, M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

E 81561

Cor. ... A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81561

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 311 N. 28th St. (Ward) 13-57

2-FULL NAME Charles R. Snouffer

(a) RESIDENCE NO. 2809 Huntingdon Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12/1878

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54.	6.	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Business

(c) Name of employer Mrs Snouffer.

9 BIRTHPLACE (city or town) Ellicott City

(State or country) Md.

PARENTS

10 NAME OF FATHER Richard T. Snouffer

11 BIRTHPLACE OF FATHER (city or town) ...

(State or country) Frederick Co Md.

12 MAIDEN NAME OF MOTHER Carrie V. Ginamon

13 BIRTHPLACE OF MOTHER (city or town) ...

(State or country) Ellicott City Md.

14 Informant Mrs Snouffer

(Address) 2809 Huntingdon Ave

Filed ... 19... Registrar

JUL 21 1932

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colonic Disease of Rectum

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) J. Gill Hennig, M. D.

(Coroner)

7/21 1932 (Address) 5632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Hampden Date of Burial July 22/1932

20 UNDERTAKER Walter Dawson ADDRESS 3418 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 81562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81562

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417½ E. Fitting St. 24 Ward) 4

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine B. Riggin

(a) Residence: No. 417½ E. Fitting St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert F. Riggin

6. DATE OF BIRTH (month, day, year): Aug. 29. 1876

7. AGE: Years 55 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: William Beauchamp

14. BIRTHPLACE (city or town) (State or country): Augusta

MOTHER

15. MAIDEN NAME: Josephine Landing

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Albert F. Riggin

(Address) 417½ E. Fitting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 23 1932

19. UNDERTAKER: Mahoney & Flynn

(Address) 14 N. Eutaw St.

20. FILED ... 19... Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1932 to July 20, 1932

Last saw ... alive on July 20, 1932 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	
Arteriosclerosis & Hypertension	

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schenuch M. D.

(Address) 1337 St. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81563 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81563

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Bettner (Bettner)

(a) Residence: No. 100 N. Front St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7 8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Bettner.

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Catherine Buck

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date July 22 1932

19. UNDERTAKER Lilly & Leiter Inc.

(Address) 408 S. Bond St.

20. FILED Aug 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1930 to July 19, 1932

I last saw him alive on July 19, 1932. Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
Other contributory causes of importance: Hypostasis	?
Medycard. failure Cor. Pulm.	7-16

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

7-19-32 (Signed) Elmer Fishberger M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 81564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81564

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Foster Ave. St. 26-37 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Spellerberg.

(a) Residence: No. 3606 Foster Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore Spellerberg.

6. DATE OF BIRTH (month, day, year) Oct. 28th 1878.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME William Goldbeck.

14. BIRTHPLACE (city or town) ...
(State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country) Germany.

17. INFORMANT Theodore Spellerberg.
(Address) 3606 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date July 23 1932.

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1932 to July 20, 1932
I last saw h er alive on July 20 1932 death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease —	

Other contributory causes of importance:

Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Joseph Toohey M. D.

(Address) 800 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81565

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 Brighton St. St. 16-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth R. Lancaster,

(a) Residence: No. 2924 Brighton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Lancaster,

6. DATE OF BIRTH (month, day, year) July 4.1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	---	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Heyle,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Lochnauer,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs L.V.Williams,
(Address) 2924 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date JUL 23 1932

19. UNDERTAKER Robert S.Little,
(Address) 2700 Edmondson Ave.

20. FILED JUL 23 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 21 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20 1932 to July 21 1932
I last saw h.r alive on July 20 1932. Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 20 '32
and paralysis	
Other contributory causes of importance:	
Hypertension +	about
Arterio sclerosis	1922

Name of operation Retired Hospital Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallace Tuttle M. D.

(Address) 2220 Garrison ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81566

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4014 Lyndhurst St. (Ward) 42-50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Catherine Lopez

(a) Residence: No. 2613 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert C Lopez

6. DATE OF BIRTH (month, day, year): Dec 25, 77

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Lever

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: Caroline Bangert

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs H Wm Bangert
(Address): 38 E 27th St

18. BURIAL, CREMATION, OR REMOVAL
Place: Johns Hopkins Date: 7/22 32

19. UNDERTAKER: H M Cole
(Address): 129 E Fayette St

20. FILED: JUL 21 1932 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13 1932 to July 19 1932

I last saw her alive on July 18 1932 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervical Portion —	
Complete destruction of 2nd Cervical Vertebra —	
Implication of Right Breast in November 1930 —	
Died Broncho Pneumonia Secondary	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Robinson, M. D.

(Address) Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate.

E 81567

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81567

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH Hanman Hospital - Balto md. Registered No. 23-32

CITY OF BALTIMORE: (No. Fenhurst Grove St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Myers

(a) Residence: No. 1731 Alice St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Myers

6. DATE OF BIRTH (month, day, year) March 28, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) Oct. 1932

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Fernand Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Grosamore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lillian M Myers

(Address) 1731 Alice St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 7/23, 1932

19. UNDERTAKER Wm Cook & Son

(Address) 1219 E Fayette St.

20. FILED 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932 to July 19, 1932

I last saw him alive on July 19, 1932 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	July 1 '32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice Lamb Abramson M. D.

(Address) Asst. Resp.

M. D. B. 1268-9

E 81568

E 81568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 1927 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alberta Hall

(a) Residence: No. 1736 N Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation?

12. BIRTHPLACE (city or town) (State or country) Do Not Know

FATHER

13. NAME .. .. ..

14. BIRTHPLACE (city or town) (State or country) .. .. ..

MOTHER

15. MAIDEN NAME .. .. ..

16. BIRTHPLACE (city or town) (State or country) .. .. ..

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 1/22/32 19

19. UNDERTAKER Geo. F. Zepp & Son
(Address) 1515 Light St. Baltimore, Md.

20. FILED JAN 22 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

IF CREMATION, IS WRITTEN AUTHORIZATION ATTACHED? See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81569

CERTIFICATE OF DEATH

E 81569

Registered No. 56

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 8-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald G. Schwartz

(a) Residence: No. 1705 Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Schwartz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Isabelle P. Williamson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 7/22/32 19.
Place Holy Redeemer

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUL 22 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/29, 1932 to 7-20, 1932
I last saw him alive on 7-20, 1932 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	4½ mos.
Other contributory causes of importance: Malnutrition	?
Rickets	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Burns M. D.
(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81570

CERTIFICATE OF DEATH

E 81570

Registered No. 17-240-101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital St. 4-Days (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Ethelyn J. Day

(a) Residence: No. Frostburg, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur J. Day

6. DATE OF BIRTH (month, day, year) 2/3/1884

7. AGE Years	Months	Days	If LESS than 1 day, ~~hrs~~ or min.
48	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

FATHER

13. NAME James N. Parker

14. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

MOTHER

15. MAIDEN NAME Martha Ireland

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT J. Allan I Parker

(Address) 2558-Garrett Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Churchville, Harford Co. Date 7/22/1932

Place Maryland.

19. UNDERTAKER Geo. Watt & Son

(Address) Bel Air, Md.

20. FILED JUL 22 1932, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 . to . 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	7/17/32

Other contributory causes of importance:

Automobile Accident.

Name of operation Subtemporal decompression Date of 7/19/32

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/17/1932

Where did injury occur? Mount & Mulberry Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Two autos collided

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

Officer

NOTICE—This certificate is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81571

CERTIFICATE OF DEATH

93-003

E 81571

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2050 Hayford Rd St. 9-46 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Louisa Hoffman

(a) Residence: No. 2050 Hayford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81 yrs.	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Caroline St.

FATHER

13. NAME Charles Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veda (illegible)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Sadler
(Address) 2050 Hayford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date 7/23/32

19. UNDERTAKER (illegible)
(Address) (illegible)

20. FILED JUL 22 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 to July 21, 1932

I last saw h[illegible] alive on July 21, 1932 Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	?
Other contributory causes of importance: Bronchial Pneumonia	4 ds
Acute Myocardial failure	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) [illegible] Gardner, M. D.

(Address) Rosedale Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81572 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81572

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 12450

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Forsten

(a) Residence: No. 342 E. 27th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hannegan Forsten

6. DATE OF BIRTH (month, day, year) Oct. ?, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Forsten

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sophia Githens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Record
(Address) Md. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date July 24, 1932

19. UNDERTAKER George W. Zihlman
(Address) 1737 E. Eager St.

20. FILED JUL 22 1932, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932 to July 21, 1932
I last saw him alive on July 21, 1932 Death is said to have occurred on the date stated above, at 1:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of pancreas and partial obstruction	1930

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
No If so, specify ...

(Signed) C. Webber Stewart, M. D.

(Address) 1738 E. 28th St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 81573 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81573

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Dennis

(a) Residence: No. 1602 Waldo St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ?

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

FATHER

13. NAME Asbury Dennis

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ester Wheatley

(Address) 1602 Waldo St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date July 22 1932

19. UNDERTAKER Lattie Gross

(Address) 1408 Ashland Ave

20. FILED JUL 22 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h— alive on ... , 19 ... Death is said to have occurred on the date stated above, at 11.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. E. Bozman M. D.

Coroner

(Address) 1305 N Patterson Park

Director

AACo. 5-31 250B

E 81574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81574

CERTIFICATE OF DEATH

v 46

27-46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4803 Crowson Ave. St. ..... Ward) .....

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arrelee Bond Hill

(a) Residence: No. 4803 Crowson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, ~~XXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of Dr. James H. Hill

6. DATE OF BIRTH (month, day, year) Sept. 11. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER FATHER

13. NAME Benjamin F. Bond

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Sarah J. Seemens

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Miss Ethel H. Hill

(Address) 4803 Crowson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Ceme Date July 22 19 32

19. UNDERTAKER Hyde-Lee Co.

(Address) 1424 N. Broadway

20. FILED JUL 22 1932 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932, to July 20 1932

I last saw h[illegible] alive on July 20 1932 death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestine	1931

Other contributory causes of importance:

Intestinal Carcinoma
Intestinal Obstruction

Name of operation Exploratory Date of 7/21/32

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Hamilton, M. D.

(Address) 2117 Maryland Ave.

Director

M. D. B. 1268-9

E 81575 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81575

CERTIFICATE OF DEATH

Frances

119

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp 18-26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Dutton
(a) Residence: No. 428 N. Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Jan 17-1932
7. AGE Years Months 1 Days 1½ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER
13. NAME Geo Dutton
14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER
15. MAIDEN NAME Mary Covine
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Geo Dutton
(Address) 428 N Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 22, 1932

19. UNDERTAKER Mrs. K. E. Gill et al
(Address) 1725 Eastlindale

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 1932 to July 19 1932
I last saw h alive on July 19 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	2 Days

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Peck M. D.
Coroner
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81576 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81576

CERTIFICATE OF DEATH

93 Y 003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 N. Gilmor (Ward) 15-22

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H. Wharton

(a) Residence: No. 1326 N. Gilmor Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Wharton

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 yrs

11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Neal

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary F. Wharton

(Address) 1326 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL National Cem Date July 22nd 1933

19. UNDERTAKER Samuel J. Hensley

(Address) 578 N. Carlton St

Huntington Williams Jr

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Primary Myocarditis	
Chronic	Jan.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Klunk Coroner M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81577. E 81577.

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1778 Division St. (Ward) 14-90

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Caldwell

(a) Residence: No. 1778 Division St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Enoch Caldwell

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 3

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Rose Winebrenner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Florence Caldwell 1778 Division St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 7/22 1932

19. UNDERTAKER Samuel T Hensley (Address) 228 N Biddle St

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20- 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/17/32 to 7/20/32

I last saw h[illegible] alive on 7/20/32 and that death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	7/17/32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Lee Hall M. D.

(Address) 727 Mad Ave

M. D. B. 1268-9

E 81578 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81578

CERTIFICATE OF DEATH

161-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Fagley St. St., 26 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Popp.

(a) Residence: No. 908 S. Fagley St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9th 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12 las.		12 da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Carl H. Popp.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna M. Eckardt.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Carl H. Popp. (Father)
(Address) 908 S. Fagley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 22 1932.

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED July 22 1932 Hunter Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1932.

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on June 20 , 19 32. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Finley, M. D.

(Address) 2736 E. Baltimore

A&Co. 5-II 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81579 E 81579

CERTIFICATE OF DEATH

82-001

Registered No. 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4750 PARK HEIGHTS AVE. St., Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME REBECCA BENSEN

(a) Residence: No. 4750 PARK HEIGHTS AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of HENRY BENSEN

6. DATE OF BIRTH (month, day, year) July 9 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None-wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Johann Harries

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Bayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma R. Kelly
(Address) 4750 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pet. Cemetery Date July 22 1932

19. UNDERTAKER Geo. J. Penny
(Address) 1515 Pitcher St

20. FILED JUL 22 1932 Huntington Williams, M.D.
Registrar.
Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 20, 1932
I last saw her alive on July 20, 1932 death is said to have occurred on the date stated above, at 5:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/16/32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Baker M. D.
(Address) 4754 Park Heights Ave

M. D. H. 1268-9

81580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 81580

1. PLACE OF DEATH Balto City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 64 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Arata

(a) Residence: No. 203 N. Castle St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Kate Arata

6. DATE OF BIRTH (month, day, year) Dec. 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	75	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Juonal Arata

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angelina ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 23, 1932

19. UNDERTAKER John A. Myers
(Address) 2008 E. Balto St.

20. FILED JUL 27 1932 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1932 to 7-20, 1932

I last saw him alive on 7-20, 1932 Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	?
Other contributory causes of importance:	
Bronchopneumonia	7-16-32

Name of operation Gastrostomy Date of 6-16-32

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ludwig E. Linde M. D.

(Address) Balto. City Hospitals

M. H. B. 1268-9

E 81581 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81581

CERTIFICATE OF DEATH

V 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home and Infirmary Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bertha Kieperowski (Bronislawa Konalska)

(a) Residence: No. 617 South Kenwood Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Kowalski

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Wanda Kozlowski

(Address) 2429 East St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date July 23 1932

19. UNDERTAKER J. W. Chojnowski

(Address) 1760 Eastern Avenue

20. FILED JUL 22 1932 Huntington Williams Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 20, 1932

I last saw her alive on July 20, 1932 Death is said to have occurred on the date stated above, at 5:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis and Cholithiasis	July 14, 1932

Other contributory causes of importance:

Peritonitis, generalized.	July 18, 1932
Broncho Pneumonia	

Name of operation Cholecystectomy Date of July 16, 1932

What test confirmed diagnosis? Gen. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

Director

Spec.—2-29-28—I. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81582

CERTIFICATE OF DEATH

121 E 81582

1—PLACE OF DEATH Md. Gen Hospital REGISTERED NO. 38-64

CITY OF BALTIMORE: (No. ... ST. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Russell Wells

(a) RESIDENCE NO. 4101 Wentworth ST., Road. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu F. Wells

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER James Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Emma A Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Mrs. Lulie F. Wells
(Address) 4101 Wentworth Rd

Filed JUL 27 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21/32

17 I HEREBY CERTIFY, That I attended deceased from 7/16/32, 19..., to 7/21/32, 19...

that I last saw him alive on 7/21/32, 19...

and that death occurred, on the date stated above, at 1:01 P m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) ... yrs. ... mos. ... ds. 6

CONTRIBUTORY (Secondary) Autonomy contributory

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of 7/16/32

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings

(Signed) Robert F. Chenowith, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Pa. DATE OF BURIAL July 22, 1932

20 UNDERTAKER John Mitchell & Son ADDRESS 1926 Eutaw Pl

M. D. B. 12680

HEALTH DEPARTMENT—CITY OF BALTIMORE

81583 E 81583

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH Univ. of Md. Hospital
CITY OF BALTIMORE: (No.) Eutaw Place St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Everett Frey

(a) Residence: No. 1520 Eutaw Place St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Solicitor for dry cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 071
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME James Frey
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ella Goff
(Address) 1520 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Lewistown Ohio 7/22 1932

19. UNDERTAKER Wm E. Pool & Co
(Address) 1217 St Paul St

Registered Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 20, 1932
I last saw him alive on July 20, 1932. Death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/16/32
Other contributory causes of importance:	
Pulmonary edema	7/19/32

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice Jones M. D.
(Address) Univ of Md

AaCo. 5-11 250B

E 81584 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81584

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Druid Hill Ave St.) (7-24 Ward)

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Ball

(a) Residence: No. 1110 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ball.

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bootblack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Ball.
(Address) 1110 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7-22 1932

19. UNDERTAKER David Forbes
(Address) Elkins Park Annex, Huntington, W. Va.

20. FILED JUL 22 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 19, 1932
last saw him alive on July 19, 1932 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/14
Other contributory causes of importance:	
Alcoholism	7/3

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred Woolridge M. D.
Director
(Address) 703 N Lafayette

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 81585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81585

CERTIFICATE OF DEATH.

REGISTERED NO. 59

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 40th St. 13-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Lucy Scott

(a) RESIDENCE NO. Home for Incurables - 700 40th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Washington Scott

6 DATE OF BIRTH (month, day, and year) March 30, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Princess Anne
(State or country) Somerset Co. Md

PARENTS

10 NAME OF FATHER Joseph F Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Alexandria Va.

12 MAIDEN NAME OF MOTHER Mary Elizabeth Ballard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Somerset Co. Md

14 Informant Mrs Clement M. Barnes
(Address) 334 E. 30th St.

15 July 22 1932 Huntington Pallet Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1932

17 I HEREBY CERTIFY, That I attended deceased from July, 1931, to 7-21, 1932 that I last saw her alive on 7-21, 1932 and that death occurred, on the date stated above, at 10 25 a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from gastric ulcer.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric ulcer. Diabetes mellitus Transverse myelitis (carcinoma?) (duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Humphrey Hopkins M. D.

1932 (Address) 214 Med. Art. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ridge Cemetery	July 23 1932
20 UNDERTAKER	ADDRESS
Henry W. Masterson	605 N. Eutaw St.

Director

IMPORTANT. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81586

CERTIFICATE OF DEATH

E 81586

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy McAbee

(a) RESIDENCE NO. 1836 Division St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 21-1913

7 AGE: Years 19 Months Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Phillip McAbee

11 BIRTHPLACE OF FATHER (City or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER: Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elizabeth Thomas (Address) 836 Division St

15 Filed JUL 22 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 7-19

17 I HEREBY CERTIFY, That I attended deceased from 5-18, 1932 to 7-19, 1932 that I last saw her alive on 7-19, 1932 and that death occurred, on the date stated above, at 12:45 p. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) George McDaniel M. D.

7-19 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Director

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel

Date of Burial 7/22/1932

20 UNDERTAKER: [illegible] Ga. R. Holland

ADDRESS 1631 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M.O.B. No. E 81587

E 81587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No. ..... St., 611 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Teresa Hauska

(a) Residence: No. 132 N. Patamac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 30, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Louis Hauska

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Christina Cobyl

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother
(Address) 132 N. Patamac St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 23, 1932

19. UNDERTAKER Mack & Jackson
(Address) 1906 Ashland Ave

20. FILED JUL 23 1932 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11 AM July 21, 1932 to 3 PM July 21, 1932
I last saw her alive on July 21, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	11 AM
Other contributory causes of importance: Intestinal intoxication	7/20/32

Name of operation ..... Date of ... N

What test confirmed diagnosis? ..... Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) R. J. Young, M. D.

(Address) St. Joseph Hosp

E 81588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81588

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 965 N. Collington St. 7-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Smith

(a) Residence: No. 965 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Smith

6. DATE OF BIRTH (month, day, year) Dec 7 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer 83

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Ernest Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Smith
(Address) 965 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date July 23 1932

19. UNDERTAKER Frank Brockson
(Address) 1206 Eutaw Pl

20. FILED JUL 23 1932 Hunter's Hollows, N.Y.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3rd 1932 to July 20th 1932

I last saw him alive on July 19 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Carcinoma	
Stomach Say Definitely	

Other contributory causes of importance:

Various Years
2 months

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Stoner M. D.

(Address) 4908 Belair Road

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T. 100 B—50L

E 81589 ✓ E 81589

HEALTH DEPARTMENT—CITY OF BALTIMORE

163

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Fagley ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. E. Rosen

(a) RESIDENCE NO 713 S. Fagley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert F. Rosen

6 DATE OF BIRTH (month, day, and year) July 20/06

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	—	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Chas. Tufsin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Elizabeth Bodley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Herbert F. Rosen

(Address) 713 S. Fagley St

15 Filed JUL 22 1932, 192 Registrar

Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest of (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning
Suicidal

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 713 S Fagley

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical History

(Signed) [illegible], M. D. Coroner

, 19 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa.

DATE OF BURIAL 7 23 1932

20 UNDERTAKER Philip Herring

ADDRESS 2316 Orleans

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 81590

E 81590 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Streeper St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm T. Fulton

(a) Residence: No. 419 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of ~~WIFE~~ of late Priscilla A. Fulton

6. DATE OF BIRTH (month, day, year) Feb 2 58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co. Penna

FATHER

13. NAME James Fulton

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary A. Webb

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Lula M. Schnitker

(Address) 419 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsbury Pa. Date 7/23/32 19

19. UNDERTAKER Philip Herring & Co.

(Address) 2316 Orleans St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to July 19 1932

I last saw h[illegible] alive on July 19 1932 Death is said to have occurred on the date stated above, at 3-40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Pneumonia	July 21 32
Other contributory causes of importance: Arteriosclerosis	1928
Hypostatic Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. W. Mayer M. D.

(Address) 1 W. Lexington St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 81591

E 81591 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1322-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital S. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Delia Renahan

(a) Residence: No. 811 East Eager St., — Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galloway Ireland

FATHER

13. NAME Dominic McDonald

14. BIRTHPLACE (city or town) (State or country) Galloway Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Galloway Ireland

17. INFORMANT Frank J Renahan

(Address) 811 E. Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 23, 1932

19. UNDERTAKER Bela Friedfield

(Address) 914 Pennsylvania Ave

Hunting Ex Williams, N.P.

20. FILED 1932 Registrar.

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-32. 193-

22. I HEREBY CERTIFY, That I attended deceased from July 2nd. 193- to July 20th. 193-

I last saw her alive on July 20th. 1932 Death is said to have occurred on the date stated above, at 3:17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral Hernia	
Chronic myocarditis	May 15 32

Other contributory causes of importance:

Cerebral Embolism

Name of operation Ventral Herniaplasty Date of 7-6-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. J. Young M. D.

(Address) St. Joseph's Hospital

Spec. 1592 & T.—250 Bks

81592 ✓ E 81592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 Hope ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Muth

(a) RESIDENCE NO. 1838 Hope ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ella Muth

6 DATE OF BIRTH (month, day, and year) July 23rd 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Tuner

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Wm S. Muth

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Myer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Miss Wiseman
(Address) 2426 E Biddle St

15 Filed 7-25-1932 19 Huntington Willis Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22/32

17 I HEREBY CERTIFY, That I attended deceased from 7/7, 1932, to 7/22, 1932, that I last saw him alive on 7/22, 1932, and that death occurred, on the date stated above, at 5.23 P m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Virgil Sitman, M. D.

19 (Address) 1304 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 7/25 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

E 81593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81593

CERTIFICATE OF DEATH

131

REGISTERED NO. 74-34

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E Randall ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Clinton

(a) RESIDENCE NO. 601 E Randall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of James Clinton
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer at home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Thomas Curley

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Curley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Margaret Curley

(Address) 601 E Randall

Filed JUL 22 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 32

17 I HEREBY CERTIFY, That I attended deceased from July 13, 19 32, to July 22, 19 32, that I last saw h alive on July 20, 19 32 and that death occurred, on the date stated above, at 9:2 m.

The CAUSE OF DEATH* was as follows:

Cancer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Microscopic Path Exam

(Signed) [illegible], M. D.

July 22, 19 32 (Address) 1216 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 26, 1932

20 UNDERTAKER F. A. Pearman & Son

ADDRESS 703 Hamilton

M. D. B. 1265-9

B 81594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81594

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 127-002

CITY OF BALTIMORE: (No. Baltimore, Md St. [illegible] Ward) 76-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wolferman

(8) Residence: No. 1302 S Highland St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wolferman

6. DATE OF BIRTH (month, day, year) June 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Wolferman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret M. Fay

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 26 1937

19. UNDERTAKER Lutze & Zeller (Inc)
(Address) 1033 So Carey St Balto Md

20. FILED JUL 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1937 to 7-22 1937

I last saw him alive on 7-22 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Acute Intestinal obstruction	7-22-37

Other contributory causes of importance: Intestinal abdominal adhesions from cholecystectomy 4-5 yrs ago — 3 yrs ago

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 7-22-37 Elmer Hilberger, M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

E 81595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81595

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 McKean Ave St. 16-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie Krabbe

(a) Residence: No. 1621 McKean Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry A Krabbe

6. DATE OF BIRTH (month, day, year) Nov 11 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) Two weeks

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Charlotte Krebbach

14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

15. MAIDEN NAME Charlotte [illegible]

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Henry A Krabbe

(Address) 1621 McKean Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 25 . 1932

19. UNDERTAKER Charles F Powell

(Address) 2304 Edmondson Ave.

20. FILED JUL 27 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 . 1932

22. I HEREBY CERTIFY, That I attended deceased from November 5 . 1931 to July 20 . 1932

I last saw her alive on July 20 . 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Carcinoma	July 1st

Other contributory causes of importance:

Name of operation Removal of Carcinoma (Partial) Date of 2/23/32

What test confirmed diagnosis? ll Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn . M. D.

(Address) 1507 N. Fulton Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81596 E 81596

CERTIFICATE OF DEATH

50

Registered No. 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tuscany Apts. St. (Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Flower Wagner

(a) Residence: No. Tuscany Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Col. Fred. H. Wagner

6. DATE OF BIRTH (month, day, year) May 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila. (State or country) Pa.

FATHER

13. NAME Reese W. Flower

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Annie Ellis

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Col. Fred. H. Wagner

(Address) Tuscany Apts. H 1.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date July 23, 1932

19. UNDERTAKER Wm. A. Mitchell & Sons

(Address) 1420 Eutaw Place

20. FILED JUL 23 1932 Huntington Hines Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925 to July 21, 1932

I last saw her alive on July 21, 1932. Death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Rt. Breast	1928
Local recurrence	Apr. 1930
General metasteses	1931
Carcinomatosis	1932

Other contributory causes of importance:

Name of operation Amputation Br. Date of 4-27-1928

What test confirmed diagnosis? Slide Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Clb Judd M. D.

(Address) 222 Wendover Road

M. D. B. 1268-9

E 81597 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81597

CERTIFICATE OF DEATH

210-001

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.. 10 Ward 4

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Jones

(a) Residence: No. 729 Stirling St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Jones

6. DATE OF BIRTH (month, day, year) ? 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert E. Williams
(Address) 1515 Mayfield St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 22 1932

19. UNDERTAKER Robert E. Williams
(Address) 1515 Mayfield St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry. 19 . to . 19 .

I last saw h alive on inquiry. 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured pelvis,	
Internal injuries, Shock	7/19/32

Other contributory causes of importance:

Struck by automobile

Name of operation none Date of ✓

What test confirmed diagnosis? Nec Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/19. 1932
Where did injury occur? In front of 1104 E Madison St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while crossing street.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokony M. D.
Coroner
(Address) 1200 E Madison St

M. D. B. 1268-9

81598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81598

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1420 N. Gilmor St. 15-21 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Johnson

(a) Residence: No. 1420 N. Gilmor Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year): Oct 23-1858

7. AGE: Years 73 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

FATHER

13. NAME: Henry Johnson.

14. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

17. INFORMANT: John H. Johnson

(Address): 1420 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: July 23, 1932

19. UNDERTAKER: Thomas E. Kelson

(Address): 1303 Pressman St

Funeral Director

20. FILED: JUL 23 1932 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18 T, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 to July 18, 1932

I last saw h alive on July 1, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 year

Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed: H. Linthicum Coroner, M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81599

81599

CERTIFICATE OF DEATH

93-003

Registered No. 70-669

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Frederick Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E Smith

(a) Residence: No. 2803 Frederick Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Asa

6. DATE OF BIRTH (month, day, year) 8-11-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Absens Bell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary Logan

(Address) 2803 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 25, 193

19. UNDERTAKER George E Smith

(Address) 1532 Hollins

20. FILED JUL 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to July 22, 1932.

I last saw her alive on July 22, 1932. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis. (Senility) — Date of onset 1-4-31.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Lloyd Johnson M. D.

(Address) 4200 Frederick Ave.

M. D. B. 1268-9

81600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81600

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lyndsay

(a) Residence: No. 33 Brooklyn - Pl. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ward

6. DATE OF BIRTH (month, day, year) 8-28-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C

FATHER

13. NAME Robert Love

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Emma Hemphill

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary a.d.Co Md Date July 25, 1932

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

20. FILED JUL 23 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28 1932 to July 21 1932

I last saw her alive on July 21 1932 Death is said to have occurred on the date stated above, at 11.07 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myomata uteri	1920
Tubo-ovarian abscesses, bilateral	1931
Other contributory causes of importance:	
Pelvic peritonitis - sepsis	10 days

Name of operation Hysteromyomectomy Date of 7-6-32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Thrasher M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81601 E 81601

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 N. Schroeder St. 16-26 Ward) 191

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaiah Cornish

(a) Residence: No. 249 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara Cornish

6. DATE OF BIRTH (month, day, year) July 4, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

FATHER

13. NAME James Cornish
14. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

MOTHER

15. MAIDEN NAME Anderson
16. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

17. INFORMANT Clara Cornish
(Address) 249 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date July 24, 1932

19. UNDERTAKER Mrs Katie R. Wilkins
Address 522 N. Schroeder St Funeral Dir.

20. FILED JUL 25 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932 to July 20, 1932
I last saw h~~im~~ alive on 7/19, 1932 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Jn 32 Acute

Other contributory causes of importance:

Influenza Acute

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Pol. M. D.
(Address) 924 Madison Ave

M. D. B. 1268-9

E 81602 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81602

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1946 Laurette St. (Ward) 20-27

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beulah Mosby

(a) Residence: No. 1946 Laurette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 24-1893

7. AGE — Years 39 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 070

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edw Burnham

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Fergie Hall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gladys Brown
(Address) 1946 Laurette St

18. BURIAL, CREMATION, OR REMOVAL.
Place St Luke Reisterstown, Md Date July 24, 1932

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	two hours

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. C. Gutta M. D.
Coroner

(Address) .....

M. D. B. 1268-9

L 81603 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 81603

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) President Hosp. St. 18-26 (Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irvin Waters,
(a) Residence: No. 786 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Nov 9-1899
7. AGE Years 32 Months 8 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Theo. Waters
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Annie Cornish
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Annie Waters
(Address) 786 W Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date July 21, 1932

19. UNDERTAKER Mrs Katie R Wolfinger
(Address) 322 N. Pennsylvania Ave, Md.

20. FILED JUL 21 1932 Registrar's No.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 - 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw ... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide Hemorrhage due to pistol wound of intestines	1 Day

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? Yes
If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased ... If so, specify ...

(Signed) Chas Cook M. D. Coroner
(Address)

M. D. B. 1268-9

Leland

E 81604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81604

CERTIFICATE OF DEATH

25

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)
Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Withers Leland

(a) Residence: No. 2608 Roslyn Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Susie Leland

6. DATE OF BIRTH (month, day, year): March 12, 1860.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72.	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman "Traveling"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mdse. Shoes

10. Date deceased last worked at this occupation (month and year): June 1931

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Lexington Virginia.

FATHER

13. NAME: Charles Leland

14. BIRTHPLACE (city or town) (State or country): Lexington Virginia

MOTHER

15. MAIDEN NAME: Willie Harcum

16. BIRTHPLACE (city or town) (State or country): Lexington Virginia

17. INFORMANT: Mrs Susie Leland
(Address) 2608 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: July 25 1932

19. UNDERTAKER: Wm. J. Tracey & Sons
(Address) North & Penn Ave

20. FILED JUL 23 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21 1932 to July 22 1932
I last saw h.im alive on July 22 1932. Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - Tubercular	July 20
Other contributory causes of importance: Chronic Myocarditis	
Uremia Coma	July 22

Name of operation: Laparotomy Date of July 21

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Chas Lyon Stewart M. D.
(Address) 1738 E 28 Pl 25

M. D. B. 1268-9

E 81605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81605

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH University Hospital, Balto., Md. Registered No.

CITY OF BALTIMORE: (No.) St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reese Curtis Dennis

(a) Residence: No. [redacted] St., Ward. Salisbury, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anne J. Dennis

6. DATE OF BIRTH (month, day, year) July 3, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co.

10. Date deceased last worked at this occupation (month and year) 6/1931

11. Total time (years) spent in this occupation 23 √

12. BIRTHPLACE (city or town) (State or country) Pittsville, Md.

FATHER

13. NAME Adam Dennis

14. BIRTHPLACE (city or town) (State or country) Pittsville, Md.

MOTHER

15. MAIDEN NAME Nancy T. Fasbon

16. BIRTHPLACE (city or town) (State or country) Pittsville Md.

17. INFORMANT Mrs. Clay Mumma
(Address) Pittsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsville Md. Date July 26 1932

19. UNDERTAKER Wm J. Tilghman Sons
(Address) Salisbury, Md.

20. FILED JUL 23 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932 to July 23, 1932

I last saw h[im] alive on July 23, 1932 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hardening Arteries	4-32
Other contributory causes of importance:	
Bronchial pneumonia	7/22/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Unit Hosp

M. D. R. 1268-9

Enfield 2532 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81606

CERTIFICATE OF DEATH

100 E 81606

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Evesham Av St. 27-48 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Helen Considine

(a) Residence: No. 405 Evesham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of John Thomas Considine

6. DATE OF BIRTH (month, day, year) Dec. 25-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Carter

14. BIRTHPLACE (city or town) (State or country) Centerville Virginia

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Bordeaux France.

17. INFORMANT John T. Considine

(Address) 405 Evesham ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Inverness 7/25/32

19. UNDERTAKER

(Address) 1210 E Fayette St

20. FILED JUL 25 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28- 1932 to July 22- 1932

I last saw her alive on July 22- 1932 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Portal Vein	5 days ago.
Other contributory causes of importance: Phlebitis right external Saphenous Vein	1 month & 5 days ago.

Name of operation — Date of —

What test confirmed diagnosis? P.S. of Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rikander M. D.

(Address) 2532 Edmondson ave

1-30—M. & T.—100 B—50L

E 81607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81607

CERTIFICATE OF DEATH

128

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. 3-21 WARD

2-FULL NAME George Wolff

(a) RESIDENCE NO. 1803 W. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June ?/1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	1	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Dr. Page

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dr. Charles Page

(Address) 1803 W. North Ave.

15 JUL 23 1932 Filed ..... 19 ..... Huntington Williams

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis (duration) ~~hrs.~~ 1 day mos. 3/4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs

(Signed) Guy U. Cromwell M. D. Coroner

7/22 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 23 1932

UNDERTAKER Mrs. John H. Tenfer Son

ADDRESS 801 W. Fayette St

IMPORTANT See instructions on back of certificates.

M. D. B. 1265-9

81608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191E 81608

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 731 N. Central Ave (Ward) 14

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Decatur James

(a) Residence: No. 731 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha James

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Daniel James

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Easter C.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha James

(Address) 731 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date July 24 1932

19. UNDERTAKER Byron Thomas & Wright

(Address) 1210 McCulloh St

20. FILED JUL 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22-32

22. I HEREBY CERTIFY, That I attended deceased from 7-22-32 to 7-22-32

I last saw him alive on 7-24-32 Death is said to have occurred on the date stated above, at 5:31 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intoxication	10 days
Heart Prostration	
Cirrhosis of Liver	
Heart failure	
Other contributory causes of importance: Over-work and Nervousness	12 mos

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jas. R. Blake M. D.

(Address) 724 Fairmount St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81609

CERTIFICATE OF DEATH

31 VE 81609

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Falls Road St., 2-7-56 Ward 10)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Friedrich.

(a) Residence: No. 4714 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Friedrich.

6. DATE OF BIRTH (month, day, year) Jan 31, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Friedrich.
(Address) 4714 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 25, 1932

19. UNDERTAKER Thomas E. Love
(Address) 3 [illegible] Ave

20. FILED JUL 27 1932, 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1928, 19..., to July 22, 1932

I last saw h alive on July 22, 1932 Death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance: uremia	7/9/32

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. W. Bryant, M. D.

(Address) 1324 N. Loudon St

M. D. H. 1268-9

81610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81610

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Hull St 24-35 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Walter Schreiber

1a) Residence: No. 1315 Hull St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1120 Hull St Balt

FATHER

13. NAME Herman Schreiber

14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER

15. MAIDEN NAME Anna Tyson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Parents

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 25 1932

19. UNDERTAKER Chas L. Stevens & Son

(Address) 1301 E Fort Ave

20. FILED JUL 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20 1932 to July 22 1932

I last saw him alive on July 21 1932 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 ds
Other contributory causes of importance:	
Toxemia	3 ds
Acute Myocarditis	3 ds
Jaundice	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Baumgardner M. D.

(Address) Rosedale Md.

M. D. B. 1268-9

E 81611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81611

CERTIFICATE OF DEATH

1932

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at St. Joseph Hospital St., 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin H. Nicoll

(a) Residence: No. 1500 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11/1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Saml. H. Nicoll

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Carrie C CULVER

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Carrie C. Nicoll
(Address) 1500 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date July 25, 1932

19. UNDERTAKER George Schilling & Sons
(Address) Maryland Avenue & Huntington Ave

20. FILED July 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution	
Seized extension light while working in ditch in back yard of home 1500 E. Lanvale st.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ... 19 ...

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury as stated

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. H. Owen, M. D.
Coroner

(Address) 5086 Harford

M. D. # 1268-0

E 81612 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81612

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

2. FULL NAME Mary Callahan

(a) Residence: No. 2311 E. Madison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm A. Callahan

6. DATE OF BIRTH (month, day, year) March 17 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Frederick Burkhauser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Jordon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 7/26 1932

19. UNDERTAKER Henry C. Myers & Son

(Address) 805 N. Calvert St.

20. FILED 7-26-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/29 1932 to 7/23 1932

I last saw her alive on 7/23 1932. Death is said to have occurred on the date stated above, at 12:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	9 mos.
Other contributory causes of importance: Cerebral Hemorrhage	1 day

Name of operation Colostomy 7/5/32 Date of Excision of rectum 7/21/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Jordon M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 81613 — DE Wolf 1331 E. North Ave — ✓E 81613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 E. Lanvale St., 9-16 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth M. DeKalb

(a) Residence: No. 1207 E. Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of (or) WIFE of Albert W. DeKalb

6. DATE OF BIRTH (month, day, year) About 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. Y. State

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT T. F. Sturgeon
(Address) 1207 E. Lanvale St.

18. ~~BURIAL~~, CREMATION, OR REMOVAL. London Park 7/25/32

19. UNDERTAKER Bertram E. ~~West~~ Hargrave
(Address) ~~1207 E. Lanvale St.~~ Huntingdon Pa.

20. FILED 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to July 21st 1932

I last saw h~~er~~ alive on July 21 1932 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardiovascular Renal Disease	1 year.
Other ~~contributory~~ causes of ~~importance~~: Coronary Thrombosis	

Name of operation None. Date of ...

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel S. Nolt M. D.

(Address) 1331 E. North Ave

AaCo. 5-31 2508

E 81614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81614

CERTIFICATE OF DEATH

122-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 McHenry St. 19-24 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabell Lowery

(a) Residence: No. 1326 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur T. Lowery

6. DATE OF BIRTH (month, day, year) April 16, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Ireland~~ Baltimore

MOTHER FATHER

13. NAME James Brooks
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth E. Thompson
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Arthur T. Lowery
(Address) 1326 McHenry, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/25, 1932

19. UNDERTAKER Frederick A. Cole
(Address) 1500 W. Fayette St

20. FILED 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 22, 1932
I last saw her alive on July 21, 1932. death is said to have occurred on the date stated above, at 12 0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstuction	7/16

Other contributory causes of importance:
Intestinal toxemia

Name of operation none Date of —
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. M. Bagnesin M. D.
(Address) Dundalk Md

81615

E 81615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Robert St. 14-20 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Howard

(a) Residence: No. 519 Robert St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write this word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: C Goldrick

6. DATE OF BIRTH (month, day, year): May 1 1870

7. AGE: Years 62 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 2 or 5

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: Richard Bagby

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Wickham

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Chas E Johnson

(Address): 519 Robert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/24/32

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address): 1631 Druid Hill

20. FILED 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22nd 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	6 months

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H Kirk M. D.
Coroner

(Address)

M. D. B. 1265-9

E 81616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 159 E 81616

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 2-4 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Nelson

(a) Residence: No. University Hosp. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day 4 hrs. or 10 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Nelson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Julia Kwiatkowska

16. BIRTHPLACE (city or town) (State or country) Unknown Mississippi

17. INFORMANT Mrs. Julia Nelson
(Address) 2092 Fountain St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 25 1932

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23rd. 1932 to July 23rd. 1932
I last saw him alive on July 23rd. 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
34 wks.	

Other contributory causes of importance:

Maternal	
Placenta Previa	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) Univ. Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81617 E 81617

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 28-66 Ward) 12/V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 27 ds. How long in U.S. If of foreign birth? -- yrs. - mos. - ds.

2. FULL NAME Jeanette Walsh

(a) Residence: No. 606 Nottingham Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P. Walsh

6. DATE OF BIRTH (month, day, year) April 27, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Farrell

14. BIRTHPLACE (city or town) ------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Bee McCormick

16. BIRTHPLACE (city or town) -------
(State or country) Ireland

17. INFORMANT James P. Walsh
(Address) 606 Nottingham Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 7/27 19 32

19. UNDERTAKER Henry H. Myers & Son
(Address) 805 N. Calvert St.

20. FILED 7-28 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-32 19

22. I HEREBY CERTIFY, That I attended deceased from 7-17-32, 19 ..., to 7-23-32, 19 ...

I last saw h... alive on 7-23-32 19 ... death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Appendicitis	
Paralytic Ileus	7-20 32

Other contributory causes of importance:

Name of operation Appendectomy; Jejunostomy Date of 7-18-32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bernard N. Donovan M.D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9

81618 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81618

CERTIFICATE OF DEATH

1932

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 527 Leslie St. 15-21 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Hearn

(a) Residence: No. 527 Leslie St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ethel Hearn

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years: 44; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Helper Kimball Tyler Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cooperage bus.

10. Date deceased last worked at this occupation (month and year): Now

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Ethel Hearn

(Address): 527 Leslie St

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] County Date: 7/25/32 1932

19. UNDERTAKER: Archibald F. Riddis

(Address): 1838 E. Baltimore St.

20. FILED: [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19 I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration — Sudden — Date of onset

Other contributory causes of importance:

Name of operation: [illegible] Date of [illegible]

What test confirmed diagnosis: [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner M. D.

(Address) Catonsville

M. D. B. 1268-9

81619 384 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81619

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 13-59 Ward. V 24

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Taliaferro

(a) Residence: No. 2501 McCulloh St., St. - Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18 1901

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
31	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tuscany Land Starting to md.

FATHER

13. NAME Wm Taliaferro

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Addie Jessup

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends - JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date July 25 1932

19. UNDERTAKER Mrs. R. Q. Elliott (Address) 1923 Eastlund Ave

20. FILED JUL 25 1932 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 - 1930 to July 22 1932

I last saw her alive on July 22 1932 Death is said to have occurred on the date stated above, at 1 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, miliary	?
" , meningeal	7-3-32
" , sacro-iliac joint left	1-26-1932

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Paul Padget - M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

81620

HEALTH DEPARTMENT—CITY OF BALTIMORE

81620

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Jail 1-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha P. Temple

(a) Residence: No. 7 E. Center St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E Temple

6. DATE OF BIRTH (month, day, year) Nov. 24 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Alonzo B Sparks

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Harriet Smith

16. BIRTHPLACE (city or town) (State or country) Va. Lynchburg

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 26 1932

19. UNDERTAKER John H Deegan

(Address) 715 Eighteenth St

20. FILED JUL 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-13 1932 to 7-23 1932

I last saw her alive on 7-23 1932 Death is said to have occurred on the date stated above, at 12:30 m PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Acute myocardial insufficiency	7-13-32
Other contributory causes of importance: Myocarditis chronic	7
Arteriosclerosis	7

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

7-23-32 (Signed) Thos H Keogh M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

81621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81621

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 Rosedale St. 16 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Rebecca Hedley

(a) Residence: No. 1500 Rosedale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm F. Hedley

6. DATE OF BIRTH (month, day, year) Feby 16 1836

7. AGE: Years 95 | Months 5 | Days 7 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME Gilbert Lowe

14. BIRTHPLACE (city or town) (State or country) Carleton Md

MOTHER

15. MAIDEN NAME Mary Boozy

16. BIRTHPLACE (city or town) (State or country) Bristol Penna

17. INFORMANT Capt Clifton Hedley

(Address) 1500 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 26 1932

19. UNDERTAKER Wm J. Tiefenbrun & Sons

(Address) York Rd & Taylor Ave

20. FILED July 27 1932 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1932 to July - 23 - 1932

Last saw h... alive on July - 23 1932 Death is said to have occurred on the date stated above, at 6.30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility & debility	Jan 32

Other contributory causes of importance: Myocardial insufficiency 4 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Marion W. Shoaf M. D.

(Address) 806 N Gueston Ave

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81622

E 81622

CERTIFICATE OF DEATH

159 ✓

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Hock

(a) Residence: No. 113 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/24/32

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME George Hock

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Gertrude Kopp

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Bon Secours Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 25 1932.

19. UNDERTAKER Frank V. Lipitone
(Address) 3215 E. Baltimore St

JUL 27 1932

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 m 7/24/32, 1932, to 10 50 a m 7/24, 1932

I last saw her alive on 7/24 1932 death is said to have occurred on the date stated above, at 10 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (30 weeks)	7/24/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bernard N. Nussbaum M. D.

(Address) Bon Secours Hosp.

Director

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81623

CERTIFICATE OF DEATH

82 V-0 E 81623

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank G Behnke Sr

(a) Residence: No. 2623 Eastern Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Behnke

6. DATE OF BIRTH (month, day, year) Mar 8 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl A Behnke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Behnke

(Address) 2623 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 25, 1932

19. UNDERTAKER Frank J. Petrie

(Address) 2515 E. Baltimore St.

(Date) JUL 27 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 1:30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1302 N Patterson Pk

M. D. R. 1268-9

E 81624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81624

CERTIFICATE OF DEATH

1084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME [illegible] (James McGreevy)

(a) Residence: No. 34 South Chas, Balt. Md St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret McGreevy

6. DATE OF BIRTH (month, day, year) Oct 5-18-75

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	56	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P R R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Mc Greevy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Loftus

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Margaret Mc Greevy
(Address) 34 S. Chas St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph Cemetery Date July 26 1932

19. UNDERTAKER Lilly Geier Inc.
(Address) 443 S Wolfe St.

20. FILED JUL 26 1932 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-17-32 . 19 . to 7-23-32 . 19

I last saw him alive on 7-22-32 . 19 . Death is said to have occurred on the date stated above, at 6.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Long standing Heart failure	
Other contributory causes of importance:	
Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Gerald Gerardo . M. D.

(Address) St Agnes Hosp.

M. D. B. 1268-9

E 81625 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81625

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 120 North Front St., 5-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

Unknown

2. FULL NAME Mary McGuire

(a) Residence: No. 120 North Front St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John P. McGuire

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Killadoon Ireland

FATHER

13. NAME Bryan O'Reilly

14. BIRTHPLACE (city or town) (State or country) Killadoon Ireland

MOTHER

15. MAIDEN NAME Mary O'Reilly

16. BIRTHPLACE (city or town) (State or country) Killadoon Ireland

17. INFORMANT Philip B McGuire

(Address) 120 N Front St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7-26, 1932

19. UNDERTAKER Lee & Cook

(Address) 1020 Baltimore St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 23, 1932. I last saw her alive on July 23, 1932. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7.16.32
Lobular Pneumonia	7.20.32
Other contributory causes of importance:	
Acute Cardiac Dilatation	7.23.32

Name of operation none Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J Edward Norris, M. D.

(Address) 107 East west st.

July 24, 1932.

M. D. B. 1268-9

E 81626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81626

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Patapsco St. 23-33 Ward.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Christina M. Johnson

(a) Residence: No. 1429 Patapsco St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac C Johnson

6. DATE OF BIRTH (month, day, year) Sept — 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	85	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William Millenbruch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence L. Logue
(Address) 1429 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 25 1932

19. UNDERTAKER J. R. Wiseheart
(Address) 1324 Eutaw Pl. Balto, Md.

20. FILED JUL 26 1932 19... Registrar. Dated 7/23/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1932 to July 22 1932
I last saw HER alive on July 22 1932 Death is said to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indefinite	
Other contributory causes of importance:	
Exhaustion	7/20/32

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, how? ...

(Signed) H. F. Dampeer M. D.
(Address) 1644 Hanover St

M. D. B. 1268-9

E 81627 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81627

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Ashlandave St. 10-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S Eller

(a) Residence No. 1203 Ashlandave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C

FATHER

13. NAME John S Eller

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Pearl Thompson
(Address) 1203 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date July 25 1932

19. UNDERTAKER Byrom & Manspeaker Wright
(Address) 1218 McCulloh St

Funeral Director

20. FILED JUL 25 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to July 23 1932

I last saw him alive on July 23 1932. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lacunar tubes	July 12 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jno S Allen M. D.

7-26-32 (Address) 307 Aisquith St

1-30—M. & T.—100 B—50L

81628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 81628

REGISTERED NO. 23-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Raymond Kennedy.

(a) RESIDENCE NO. 1516 Plum St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 26, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ... None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William E. Kennedy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Emily Lippey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Emily Kennedy. (mother)
(Address) 1516 Plum St.

15 Filed JUL 25 1932, 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsive seizures
Cerebral Hemorrhage.
Accidental fall from a crib.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1516 Plum St.
July 18, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Hospital Report.

(Signed) Ella M. Heimhardt, M. D. Coroner

7/25/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Jul 25, 1932

20 UNDERTAKER A. Howard Evans ADDRESS 332 Fort Ave

Director

TION IS very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81629
263201

CERTIFICATE OF DEATH

V 107 801 E 81629

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Holland

(a) Residence: No. 918 Rutland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-7-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8 mo	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Holland

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bessie Wilson

16. BIRTHPLACE (city or town) (State or country) N. Car

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cem Date July 24 1932

19. UNDERTAKER Edw Bryson
(Address) 1691 Presstman St

20. FILED ..... 19 ..... Registrar

JUL 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to July 23, 1932
I last saw him alive on July 23, 1932 Death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7-16-32
Meningitis, Pneumococcus	7-22-32

Other contributory causes of importance:
Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. C. Goodwin, M. D.
7/23/32 (Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81630 E 81630

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St. 20-16 Ward) Registered No. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Umberto D'Angelo

(a) Residence: No. 321 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Tilli

6. DATE OF BIRTH (month, day, year) 1/2/1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	6	~~22~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore D'Angelo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Filomena ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Irene D'Angelo

(Address) 321 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 7/27/32 19

19. UNDERTAKER ... with Inc.

(Address) 1732 ... Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24- , 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6th , 1932, to 7-24-32 , 19

I last saw him alive on 7-24-32 , 19 Death is said to have occurred on the date stated above, at 11 3/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) St Agnes Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

E 81631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81631

82-001

CERTIFICATE OF DEATH

REGISTERED NO. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2757 Ivioly Ave ST., WARD)

2—FULL NAME Christina Grenzer

(a) RESIDENCE NO. 2757 Ivioly Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Grenzer

6 DATE OF BIRTH (month, day, and year) Jan 2, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Christian Rehling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza Fenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Bernmeyer
(Address) 2757 Ivioly Ave

15 Filed [illegible] 19 Huntington Williams, Registrar
1 25 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 23, 1932

that I last saw h alive on July 23, 1932

and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Jno. B. Hybert, M. D.

19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 7/27/32 19

20 UNDERTAKER George J Rauch Sons

ADDRESS 17 S Howard St

Director

M. D. B. 1268-9

81632

HEALTH DEPARTMENT—CITY OF BALTIMORE 81632

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or hospital) where death occurred 2 yrs. mos. 12 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME MARIAN Mary A. Moore

(a) Residence: No. Lake Shore, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George P. Moore

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT George P Moore
(Address) Galesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Magoty Cem. Date 7-27 1932

19. UNDERTAKER E & B Harle
(Address) 115 E West St

20. FILED 7-27-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to July 24 1932

I last saw her alive on July 24 1932. Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Coronary thrombosis	
Other contributory causes of importance:	
Bronchial pneumonia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Marion James Shearer, M. D.

(Address) Edgewater Anne Arundel Co. Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81633

CERTIFICATE OF DEATH

81633

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (Street) 70-72 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lucill

(a) Residence: No. St Marys Industrial St., Ward.

(Usual place of abode) School (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 3, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Maurice Lucill

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Kate Davis

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Bro John Adelin (Address) St Marys Ind School

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date July 26 1932

19. UNDERTAKER Chas H Eisenhower Son (Address) 1111 N Royal Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-22-32 . 19 to 7-28-32 . 19

I last saw him alive on 7-23-32 . 19 . Death is said to have occurred on the date stated above, at 10:15 p m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart failure

Date of onset

Other contributory causes of importance:

Hypertensive Heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Fowler M. D.

(Address) 1 E Lexington

M. D. B. 1268-9

E 81634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81634

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. 5-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Broaden

(a) Residence: No. 201 Hallemon alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Apr. 28 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME James Broaden

14. BIRTHPLACE (city or town) Balto (State or country)

MOTHER

15. MAIDEN NAME Mary Liza ?

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med College Date July 25, 1932

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1932 to 7-22, 1932

I last saw h[illegible] alive on 7-22, 1932 Death is said to have occurred on the date stated above, at 10:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignancy of right lung	Dec. 25 1931

Other **contributory causes** of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

7-22-32 (Signed) Edwin Hitzberger, Jr. M. D.

(Address) Balto. City Hospitals

AACo. 5-31 250B

E 81635 ✓ E 81635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-001 (4) Green

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital 4-6 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Donaldson

(a) Residence: No. 2 So. Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie (last name unknown)

6. DATE OF BIRTH (month, day, year) Feb. 25, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (not employed)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Unknown (State or country) South Carolina

MOTHER

13. NAME Neal Donaldson

FATHER

14. BIRTHPLACE (city or town) Unknown (State or country) So. Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) So. Carolina

17. INFORMANT William Donaldson (deceased)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date July 25, 1932

19. UNDERTAKER ... of ...
(Address)

20. FILED ... 19... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932, to July 18, 1932

last saw him alive on July 18, 1932 death is said to have occurred on the date stated above, at 8:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Tracheo-Bronchitis	July 9, 1932

Other contributory causes of importance:

none

Name of operation none Date of ...

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Peter Wesenski M. D.

(Address) Lyden Hospital

M. D. R. 1268

E 81636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81636

262411

CERTIFICATE OF DEATH

X 92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr Eli Nichols

(a) Residence: No. 2008 Woodlawn ave St., ... Ward. Wilmington Del

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-18-89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Joseph Nichols

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Elizabeth Palmer

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Pl Wilmington Del Date 7/28/32 19

19. UNDERTAKER Edward [illegible] Co.
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to July 25, 1932

I last saw him alive on July 25, 1932. Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic heart disease	Gradual
adherent pericarditis.	ever past
Auricular fibrillation	5 yrs.

Other contributory causes of importance:

Cardiac decompensation

Name of operation ——— Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) B. H. Nichols, M. D.

(Address) 1208 Eutaw Place

M. D. B. 1268-0

Casterlow

E 81637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81637

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N Penn St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 12 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Ruth Castelow

(a) Residence: No. 1714 N Penn St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 7/22/32

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
				N

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 1714 N Penn St Baltimore Md

FATHER

13. NAME Infant of Ruth Castelow

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Castelow

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth Castelow

(Address) 1714 N Penn St

18. BURIAL, CREMATION, OR REMOVAL

Place Waverly of Md Date July 25 1932

19. UNDERTAKER [illegible]

(Address) [illegible] Baltimore Md

20. FILED 1932 [illegible] Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24/32

22. I HEREBY CERTIFY, That I attended deceased from 7/20/32 to 7/24/32

I last saw h[illegible] alive on 7/22/32. Death is said to have occurred on the date stated above at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity 6 M
Ehlers 7 Months
Sudden

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 724 [illegible]

M. D. B. 1268-9

E81638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4230 Belmar Ave. St., 20-69 Ward 0

Length of residence in city or town where death occurred 2/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Frese

(a) Residence: No. 2301 Lauretta Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie P. Frese

6. DATE OF BIRTH (month, day, year) May 10, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Frese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Herion

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy C. E. Frese
(Address) 4230 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 26, 1932

19. UNDERTAKER Frederick Lauchheimer & Son
(Address) 7401 Belair Road

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound rt temple — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? 4230 Belmar Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Carter Coroner, M. D.

(Address) 508 E. Fort Ave

M. D. H. 1268-9

81639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81639

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

Registered No. 26-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4230 Belmar Ave. St. (or Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie P. Frese

(a) Residence: No. 4230 Belmar Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward F. Frese

6. DATE OF BIRTH (month, day, year) June 10, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward V. Volker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Sommer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dorothy C. E. Frese
(Address) 4230 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 26, 32

19. UNDERTAKER Furleigh Funeral Home
(Address) 7401 Belair Road

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound left breast & left temple — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury . 19

Where did injury occur? 4230 Belmar Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Caton, M. D.
Coroner

(Address) 1086 Vernon

M. D. H. 1268-9

E 81640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81640

CERTIFICATE OF DEATH

Registered No. 26-42 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4415 Bayonne Ave., Rasp... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Mitchell

(a) Residence: No. 4415 Bayonne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Mitchell

6. DATE OF BIRTH (month, day, year) Oct. 15, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co.
(State or country) Md.

FATHER

13. NAME Wm. Thomas Mitchell

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Ann Tighlman

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Miss Mattie Mitchell
(Address) 4415 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 27, 1932

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-22-32, 19 to 7-24-32, 19

I last saw him alive on 7-24-32, 19 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Stroke	7-22-32
Other contributory causes of importance: Cerebral Congestion	7-22-32

Name of operation None Date of No

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 3400 Walbrook Ave

M. D. B. 1268-9

E 81641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81641

CERTIFICATE OF DEATH

X 122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9-17 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Margaret Caine

(a) Residence: No. Gittings. Md St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Caine

6. DATE OF BIRTH (month, day, year) Oct 10/ 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank Cain (son)
(Address) Baldwin, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns. Date July 30 19 32

19. UNDERTAKER Rowland & Goss
(Address) Bluefield Md.

20. FILED ... 19... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to intestinal obstruction (Cause of obstruction undetermined.	

Other contributory causes of importance:

Name of operation Drainage- emergency Date of 7/25/3

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. H. Owen Coroner, M. D.

(Address) 506 E Monument

M. D. B. 1369

E 81642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81642

CERTIFICATE OF DEATH

147

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 North Montford ave St.; 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Sadie Catherine Strohminger

(a) Residence: No. 429 North Montford ave St.; ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of: Albert W. Strohminger

6. DATE OF BIRTH (month, day, year): Apr. 9 1901

7. AGE: Years 31 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): Dec 23 1931

11. Total time (years) spent in this occupation: 7 years

12. BIRTHPLACE (city or town) (State or country): Waynesboro Pa

MOTHER FATHER

13. NAME: Charles Izer

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Martha Woodring

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Albert Strohminger

(Address) 729 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: July 27 1932

19. UNDERTAKER: John Ulrich

(Address) 209 E Baltimore St

20. FILED: 7-27 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to July 24 1932

I last saw her alive on July 24 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Toxemia Pregnancy — Date of onset May 2014 (3)

Childbirth J Breech

Extraction

Other contributory causes of importance:

Shock following extraction

reacted and was doing nicely

Convulsion 1/2 hr prior to death.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John D Erwin M. D.

(Address) Medical Arts Bldg.

1-30—M. & T.—100 B—50L

81643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81643

CERTIFICATE OF DEATH

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD 21-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Thomas Mitchell

(a) RESIDENCE NO 1110 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delmar Mitchell

6 DATE OF BIRTH (month, day, and year) Oct. 3rd 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): Own
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Mitchell

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Kate Greninger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Delmar Mitchell
(Address) 1110 Scott Street

15 Filed July 25 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by means of Revolver
Shot Wound of Head, Right side

(duration) yrs. mos. 4 hrs ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy Hollowell, M. D. Coroner

July 1932 Address 203 Catasauqua Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL July 27 1932

ADDRESS 2408 Eutaw St.

UNDERTAKER John Ulrich

IF NOT very important. See instructions on back of certificates.

M. D. B. 1268-9

81644

HEALTH DEPARTMENT—CITY OF BALTIMORE E81644

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Tuberculosis Hospital St. Dana

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Mead

(a) Residence: No. 1379 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 28-1905

7. AGE: Years 27 | Months | Days 25 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

050

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Samuel Meads

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Bertha Price

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Bertha Thomas

(Address): 1379 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: July 26 1932

19. UNDERTAKER: Samuel Hershey

(Address): 58 Madison St

20. FILED: JUL 27 1932 Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/23/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/32 . 19 . to 7/23/32 . 19

I last saw him alive on 7/23/32 . 19 . Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Far advanced bilateral pulmonary tuberculosis	1926.

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Sputum examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas Thomas Jr M. D.

(Address)

M. D. B. 1268-9

2210 Eutaw Place

81645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81645

CERTIFICATE OF DEATH

191

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 301 Fulton St. 20-19 Ward)
Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Lang

(a) Residence: No. 301 Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Chas Lang

6. DATE OF BIRTH (month, day, year): Dec 5th 1843

7. AGE: Years 88 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: John Lang
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo J. Lang
(Address) 301 Fulton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/28/32 19..

19. UNDERTAKER: F. D. Wippert
(Address) 1850 N. Baltimore St

20. FILED: 7-28-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22nd 1932 to July 24th 1932
I last saw her alive on July 23rd 1932 Death is said to have occurred on the date stated above, at 4.40 p m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration — Date of onset

Other contributory causes of importance:

Exhaustion

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harry E Aldrich, M. D.
(Address) 2210 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81646 E 81646

81646 X✓ 121

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Allgire

(a) Residence: No. West Minster Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 9-1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	5	1715	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME A. C. Allgire

14. BIRTHPLACE (city or town) (State or country) Wesley - Md.

MOTHER

15. MAIDEN NAME Manza Allgire

16. BIRTHPLACE (city or town) (State or country) Arcadia Md

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Hamstead Md Date July 30, 1932

19. UNDERTAKER H. Bankard & Son

(Address) Westminster Md

20. FILED Aug 1 1932 Huntington T. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1932, to 7-26, 1932

I last saw h[illegible] alive on 7-26-1932 Death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicial Abscess with Generalized Peritonitis	7/10/32
Other contributory causes of importance: Acute Dilatation of Heart	[illegible]

Name of operation Appendectomy Date of 7-12-32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jones Bankard Wilgus M. D.

(Address) Westminster Md

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81647

CERTIFICATE OF DEATH

82 E 81647

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6045 Falls Road St. 27-53 Ward)

Length of residence in city or town where death occurred: ~~[illegible] 70~~ yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifford F. Burton

(a) Residence: No. 6045 Falls Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Burton

6. DATE OF BIRTH (month, day, year) Aug. 2nd 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery Co. (State or country) Md.

FATHER

13. NAME Jackson Burton
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Beulah Keyd.
(Address) 6045 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Cem. Date July 27, 1932
~~Registration~~

19. UNDERTAKER Chas. H. Grace & Son
(Address) 1128 Park Avenue

20. FILED JUL 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932 to July 23, 1932
I last saw him alive on July 22, 1932 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cerebral Hemorrhage	7/14/32
Other contributory causes of importance:	
Ch Cerebral Sclerosis	

Name of operation Payment Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~No~~ Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify

(Signed) A. L. Hornstein, M. D.
(Address) 733 Lexington St.

Spec.-7-17-26—A Co.—200 Bks.

E 81648

HEALTH DEPARTMENT—CITY OF BALTIMORE

V23

E 81648

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 131 S. Caroline St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Diggs

(a) RESIDENCE NO. 131 S. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 14 1900

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	32	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer in O+O

(b) General nature of industry, business, or establishment in which employed (or employer) packing house

(c) Name of employer —

9 BIRTHPLACE (city or town) Prince Georges

(State or country) Maryland

PARENTS

10 NAME OF FATHER Chas Diggs

11 BIRTHPLACE OF FATHER (City or town) Prince Georges

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet Collins

13 BIRTHPLACE OF MOTHER (city or town) Prince Georges

(State or country) Maryland

14 Informant Lucy Diggs

(Address) 130 S. Eutaw St.

15 Filed ..... 19 ..... Registrar

JUL 26 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 32. 19

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to July 24, 1932;

that I last saw h~~im~~ alive on July 24, 1932;

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard D. Evans M. D.

. 19 (Address) 514 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — Date of Burial July 27 1932

20 UNDERTAKER Theodore C. Pfeltz — ADDRESS 113 S. Wolfe St.

Huntington Williams, M.D. Registrar

Director

very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81649

E 81649

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 3-4 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucille Douglass

(a) Residence: No. 26 S Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT ?
(Address) ?

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 7-27 1932

19. UNDERTAKER Edward Bryan
(Address) 1621 Pleasant St.

20. FILED JUL 27 1932 1932 Hunter Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-3-1932 to 7-24-1932

I last saw her alive on 7-24-1932 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Geo. M. Kinsolving M. D.

(Address) 32 Provident Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81650

E 81650

CERTIFICATE OF DEATH

93-004

Registered No. 12-50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 St Paul Street St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Robert Evans

(a) Residence: No. 3218 St Paul Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Dora Hand Evans

6. DATE OF BIRTH (month, day, year) January 15-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bureau Water Supply

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City. 086

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Columbus, Ohio

FATHER

13. NAME William H. Evans

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Walter Weilipp
(Address) 3218 St Paul Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date July 26 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1930 to July 25 1932

I last saw h[illegible] alive on July 25 1932 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1/3/30

Other contributory causes of importance:

Acute Decompensation

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. R. Goodgrove M. D.

(Address) 3923 St Paul St.

M. D. B. 1268-9

81651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81651

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen'l Hosp. St., 24-33 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William B. Lloyd

(a) Residence: No. 116 E Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth E. Lloyd

6. DATE OF BIRTH (month, day, year): May 28, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R. H. Thomas Trucking Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Macon, N. C.

FATHER

13. NAME: James R. Lloyd

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Mary L. Lancaster

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: A. H. Evans.

(Address) 38 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkin Nbhd Date: July 26 1932

19. UNDERTAKER: R. E. Gaylord & Sons

(Address) 8 E Preston

20. FILED: JUL 2 1932 Registrar: Bates

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19... to ... 19... I last saw h... alive on injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of Skull	7/25/32
Int. Injuries	
Other contributory causes of importance:	
Automobile Accident	7/25/32

Name of operation: none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/25, 1932

Where did injury occur? Fremont Ave & Franklin St in Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street accident

Manner of injury: Two autos collided

Nature of injury: ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Joseph Pokorny Jr. M. D.

Coroner

(Address) 2260 E Madison St

M. D. B. 1268-B

E 81652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81652

CERTIFICATE OF DEATH

Registered No. 17

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St. 16-22 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Hall
(a) Residence: No. 712 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmal
4. Color or Race: Colo
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): July 10 - 1900
7. AGE: Years 31 | Months 11 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Chas. Hollman
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Rachel Hall
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Rachel Hall
(Address): Sevrna & Balto Md

18. BURIAL, CREMATION, OR REMOVAL: Balto Co
Place: St Mark Cem Date: July 28, 1932

19. UNDERTAKER: Robt Middleton
(Address): 1618 Edmondson Ave

20. FILED: 1932, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw her alive on 19
Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Died during administration of Anesthetic to remove Bullet	
Probably caused by	
Cardiac Failure	

Other contributory causes of importance:

Name of operation: Autopsy Date of: 19
What test confirmed diagnosis: Autopsy Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. Link M. D.
Coroner
(Address) Coroner

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81653 E 81653

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gasper Gerlach

(a) Residence: No. Preston & Valley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Johan Gerlach
14. BIRTHPLACE (city or town) ...
(State or country)

MOTHER

15. MAIDEN NAME Christina Harper
16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 26 1932

19. UNDERTAKER Rita Middlefield
(Address) 9 - Freemont Ave

20. FILED ... 1932 ... Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8 1932 to July 24 1932
I last saw h— alive on July 24 1932 death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral Insufficiency	5
Other contributory causes of importance:	
Cardiac Asthma	2

Name of operation Physical Date of No
What test confirmed diagnosis? Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Barlow, M. D.
(Address) 1114 Hollins

Spec.—1-30—M. & T.—250 Blks

E 81654

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81654

CERTIFICATE OF DEATH.

V 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1314 ST. Riggs (WARD) 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Samson

(a) RESIDENCE NO. 1314 ST., Riggs WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Ma	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elmer Samson

6 DATE OF BIRTH (month, day, and year) Dec 25, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Alex Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Edna Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elmer Samson

(Address) 1314 Riggs Ave

15 Filed JUL 26 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25-32

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to July 25, 1932,

that I last saw h— alive on July 25, 1932

and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Cant Phthisis

(duration) 2 yrs. 3 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Not

What test confirmed diagnosis? Phys Exam & Hist

(Signed) G. G. Churchill M. D.

(Address) 1354 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 7/28 1932

20 UNDERTAKER

Address W. Lee Rose & Son

ADDRESS 638 W. Fulton

M. D. B. 1268-9

81655 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81655

Samuel Gruber

CERTIFICATE OF DEATH

V 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4222 Parkhurst (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samel Gruber

(a) Residence: No. 4222 Parkhurst Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Ben. Gruber

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Bangan

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Harry Gruber - Son
(Address) 2043 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Cem. Date 2-26-32 19

19. UNDERTAKER Jos. Levi & Bros.
(Address) 1434 E. Baltimore St.

20. FILED FEB 27 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John F. Morrissey M. D.
Coroner

(Address) 26 E. Preston St.

M. D. B. 1268-9

E 81656 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81656

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 707 Gorsuch Ave St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Gordon Williams

(a) Residence: No. 707 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Williams

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year) 66

11. Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary C. Williams
(Address) 707 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 7/26/ 19 32

19. UNDERTAKER Mary M Wedefeld
(Address) 2701 Es 33rd St -

20. FILED Huntington [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1928 to July 24 1932

I last saw him alive on July 24, 1932 Death is said to have occurred on the date stated above, at 5.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	1928
with Insufficiency	
Cardiac Hypertrophy	1930
with Decompensation	
Other contributory causes of importance:	
Cerebral Arteriosclerosis	1932

Name of operation None Date of

What test confirmed diagnosis? Heart Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Edwards, M. D.

(Address) 2746 Alameda Blvd.

M. D. B. 3265-9

E 81657 ✓ E 81657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 N. Duncan St., 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myles Berry

(a) Residence: No. 1837 N. Duncan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Huckster 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Berry

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Tina Cerny
(Address) 1110 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 26, 1932

19. UNDERTAKER Frank Brachelow
(Address) 1906 Aisquith St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Probably Lobar)	?
Other contributory causes of importance: (History of exposure and lack of care)	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) H. H. Walker M. D.
Coroner
(Address) 508 E. Fayette St

(Transcriber)

M. D. B. 1268-9

E 81658 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81658

CERTIFICATE OF DEATH

186-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Union Ave. St.) 13-52 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte C. Ault.

(a) Residence: No. 810 Union Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Unknown.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown.

6. DATE OF BIRTH (month, day, year) March 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — md.

FATHER

13. NAME — Unknown.

14. BIRTHPLACE (city or town) (State or country) — Unknown.

MOTHER

15. MAIDEN NAME — Unknown.

16. BIRTHPLACE (city or town) (State or country) — Unknown.

17. INFORMANT — Esther Ault.
(Address) 810 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn. Date July 28, 1932

19. UNDERTAKER — Ehrenwerth Son.
(Address) 3615-17 Eastern Ave.

20. FILED July 28, 1932 (Signature of Registrar) Kelly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to July 26th 1932
last saw her alive on July 25th 1932 Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain.	
Coroner J. Mowbray.	
Other contributory causes of importance: Accidental fall. Senility. Heart. Cerebral arteriosclerosis	prior

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? July 20th 1932
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place — Fall in her house.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) B. Q. Fields, M. D.
(Address) 3611 Fern Rd.

M. D. B. 1268-9

E 81659 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81659

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Calet Powers

(a) Residence: No. 5100 Chevy Chase Pkwy., Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Kaufman

6. DATE OF BIRTH (month, day, year) Feb 4 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Bld

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ky

FATHER

13. NAME Amos Powers

14. BIRTHPLACE (city or town) ..... (State or country) Ky

MOTHER

15. MAIDEN NAME Elizabeth Perkins

16. BIRTHPLACE (city or town) [redacted] (State or country) Ky.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Barbourville, Ky. Date July 26, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932 to July 25, 1932
I last saw h.im alive on July 25, 1932 Death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1931
Metastases to pleura, liver, peritoneum	
Intercurrent	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Lemmon M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 250B

81660 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 81660

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 E. Biddle St. 8-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph W. Connolly

(a) Residence: No. 2315 E. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Conroy

6. DATE OF BIRTH (month, day, year) Mar. 17th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. People's Court
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Edward E. Connolly
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Ennis
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edw J. Connolly
(Address) 2315 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 7/25 1932

19. UNDERTAKER E J Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED 7-25 1932 H... 12... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to July 24, 1932

I last saw h... alive on July 24, 1932 death is said to have occurred on the date stated above, at 10½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	July 23

Other contributory causes of importance:

Diffuse Nephritis	May 1

Name of operation ... Date of ...

What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Hoover, M. D.

(Address) 1201 N Patterson

M. D. B. 1268-9

E 81661

E 81661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 S Spring St., 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin B Pokorsky [To Karsky?] BP.H 7/28/32

(a) Residence: No. 133 S Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Cudnuck

(Address) 1419 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Jud Cem Date July 27, 1932

19. UNDERTAKER John Grabkowski

(Address) 422 S Broadway Hastings on Hudson N.Y.

20. FILED JUL 28 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..., to ..... 19 ...

I last saw h alive on ..... 19 ... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B B Negromond M. D.
Coroner

(Address) 1305 N Fulton Ave

E 81662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81662

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 8-17 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Fagen

(a) Residence: No. 1731 Olive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 21 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Joseph Fagen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lillian Kirby

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Lillian Fagen
(Address) 1731 Olive St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 27th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24th 1932 to July 25th 1932

I last saw her alive on July 25th 1932 Death is said to have occurred on the date stated above, at 1225 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (34 wks)	
Other contributory causes of importance: Maternal; Placenta Praevia	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. H. Kracglund M. D.

(Address) Univ. Hosp

M. D. B. 1268-9

E 81663 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81663

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-4 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard McElwee

(a) Residence: No. 528 South Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of ~~(or WIFE of)~~ Hollie McElwee

6. DATE OF BIRTH (month, day, year) Sept 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Driver 3 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Cab Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm McElwee

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Owens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Florence Hartlyn

(Address) 528 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 27th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

20. FILED 2-8-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-32 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14-32 19 ... to 1-24-32 19 ...

I last saw h~~im~~ alive on 1-24-32 19 ... Death is said to have occurred on the date stated above, at 9p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Acute myocarditis	
Chronic Nephritis	

Other **contributory causes** of importance:

Uremia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert Adams M. D.

(Address) St. Agnes Hospital

M. D. H. 1268-9

E 81664 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81664

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. 28-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Steele

(a) Residence: No. 1314 Wayne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cora M. Steele

6. DATE OF BIRTH (month, day, year) Aug 25-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60 61	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Herkimer N.Y.

FATHER

13. NAME James H Steele

14. BIRTHPLACE (city or town) (State or country) Herkimer N.Y.

MOTHER

15. MAIDEN NAME Rhoda Wilson

16. BIRTHPLACE (city or town) (State or country) Herkimer N.Y.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Date July 27th 1932

19. UNDERTAKER Wm Boyle & Son

(Address) 1217 E Baltimore St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1932 to 7-25 1932

I last saw him alive on 7-25 1932 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of Pancreas with involvement of Bile Ducts	3-1-32
Other contributory causes of importance: Post operative Shock	7-22-32

Name of operation Laparotomy Date of 7-22-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Curtis E. Little M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 81665

81665 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81665

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Ellamont St. 15-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? 65 yrs. 7 mos. 11 ds.

2. FULL NAME May Towles Kirk

(a) Residence: No. 1703 Ellamont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lyons Kirk

6. DATE OF BIRTH (month, day, year) Dec-12-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	7	13/11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Towles

14. BIRTHPLACE (city or town) (State or country) Lancaster Co Virginia

MOTHER

15. MAIDEN NAME Josephine L. Whittington

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT Henry L. Kirk - (husband)
(Address) 1703 Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/27/ 1932

19. UNDERTAKER Edward Morris & Sons
(Address) Baltimore.

20. FILED JUL 27 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 - 1932 to July 24th 1932

I last saw h[illegible] alive on July 24 - 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	10 yrs
Other contributory causes of importance: Edema of the brain,	5 days

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Isaac C. Dickson, M. D.

(Address) 3055 N. North Ave

M. D. B. 1268-9

E 81666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81666

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-48 Ward)

Registered No. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Albright

(a) Residence: No. Sweet Air (Baldwin)? Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Albright

6. DATE OF BIRTH (month, day, year) June 28, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Co., Md.

FATHER

13. NAME M. M. Guyton

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Clarence Albright
(Address) 707 Ravena Ave Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Chestnut Grove Date July 28, 1932

19. UNDERTAKER Clarence E. Arthur
(Address) Fork, Md.

20. FILED JUL 29 1932 Huntington Williams, N. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confusion of Brain	7/25/32
Fractured Skull	

Other contributory causes of importance:

Colles Frac Wrist	7/23/32
Laceration Scalp	

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 7/23/32

Where did Injury occur? In home
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury Accidently fell down steps

Nature of Injury in home.

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Ed Weiss Coroner M. D.

(Address) 108 E Preston

81667 — M.S.T.—1500 Blks.

E 81667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Guilford Ave (St.) 12-19 (Ward)

2-FULL NAME Julia Kabosky

(a) RESIDENCE: NO. 1711 Guilford Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles B Kabosky

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 68 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Cumberland Md

PARENTS

10 NAME OF FATHER: Frank Belky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Belky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Clark 1711 Guilford Ave

15 Filed 2 7 1932, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26 1932

17 I HEREBY CERTIFY, That I attended deceased from 7/8/32, 19 , to 7/26/32, 19 , that I last saw her alive on 7/26/32, 19 , 3:05 P. m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary): Uraemia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Chas Corbin Stewart M. D.

7/26 1932 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland — DATE OF BURIAL: July 29 1932

20 UNDERTAKER: Mary M Wadefield — ADDRESS: 501 E 22nd

Director

TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 81668

E 81668 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Ashland Ave St., 7-12 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Blair

(a) Residence: No. 2635 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia Blair

6. DATE OF BIRTH (month, day, year) March 19/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Blair

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Julia Blair
(Address) 2635 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Oakhill Cem. Date July 28 1932

19. UNDERTAKER George W Zurkler.
(Address) 217 E. Baltimore St

20. FILED 7-27 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h.... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma left cheek 2 yrs.	
(Probably Pulmonary Metasses)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. F. Hollen Coroner

(Address) 508 E Fayette

81669

E 81669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 003

CITY OF BALTIMORE: (No. Baltimore, Md St. 76-39 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 3 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John William Kramer

(a) Residence: No. Colgate, Md St., Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cramer

6. DATE OF BIRTH (month, day, year) Nov. 1 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Barbara Gunthey

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bureau Vital Statistics Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date July 29 1932

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED JUL 27 1932 Thurston H. Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1932 to 7-25-1932

I last saw him alive on 7-25-1932 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

Heart Disease
Arteriosclerotic
auricular fibrillation

Date of onset: 10 months ago

Other contributory causes of importance:

acute myocardial
insufficiency

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7-27-1932 (Signed) Edw. H. Pickett M.D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

Jerome Givantmans

E 81670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81670

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-58 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JEROME Givantman

(a) Residence: No. 4528 Reistertown St. Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Benjiman Givantman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Goldberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben. Givantman

(Address) 4528 Reistertown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 7/27/32 19

19. UNDERTAKER Jack Levy Co.

(Address) 1439 E. Balto St.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-15 1932 to 7-26 1932

I last saw him alive on 7-26 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A.R. Cohen M. D.

(Address) Sinai Hospital.

M. D. B. 1268-9

81671 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81671

CERTIFICATE OF DEATH

+ 124-002

1. PLACE OF DEATH Union memorial hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mathis Becker (Lehn)

(a) Residence: No. 1747 Pearl St. Jacksonville, Fla St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mrs~~ Mathis Becker

6. DATE OF BIRTH (month, day, year) April 15, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) July 1, 1932

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) ? Russia.

FATHER

13. NAME Lewis Richmann

14. BIRTHPLACE (city or town) (State or country) ? Russia.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Russia

17. INFORMANT Mrs Sophie Robin
(Address) Jacksonville, Fla.

18. BURIAL, CREMATION, OR REMOVAL
Place Jacksonville Fla Date 7-27-32 19

19. UNDERTAKER Jack Louis Inc
(Address) 1439 E. Balto St.

20. FILED ~~H. [illegible]~~ for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932 to July 27, 1932

I last saw ~~her~~ alive on July 21, 1932 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Post operative shock	7/23/32

Other contributory causes of importance:

Myocardial degeneration	

Name of operation Exploratory laparotomy Date of July 23

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Forde M. D.
(Address) Union memorial Hospital

M. D. B. 1268-2

81672

E 81672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-9 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Chase

(a) Residence: No. 1630 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Chase

6. DATE OF BIRTH (month, day, year) Aug 30/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. H. Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Craig

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William H. Chase
(Address) 1630 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date July 27 1932

19. UNDERTAKER Edw. B. Bryan
(Address) 16 E Baltimore St

20. FILED 1932 Huntingtown Williams N.T.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 23/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	
Other contributory causes of importance:	
Chr Nephritis	
Cardiac Hypertrophy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Coroner, M. D.

(Address) JUS E Monument

M. D. B. 1268-9

E 81673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81673

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital. Registered No. 127

CITY OF BALTIMORE: (No. 33rd & Calvert St., 12-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? 0 yrs. 2 mos. 5 ds.

2. FULL NAME Mrs John W Abbin (Mary)

(a) Residence: No. Manchester - Carroll Co. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John W Abbin

6. DATE OF BIRTH (month, day, year) April, 9, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) July 21, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silver Run Maryland.

FATHER

13. NAME Dr James Marshall.

14. BIRTHPLACE (city or town) (State or country) Hampstead Maryland.

MOTHER

15. MAIDEN NAME Lelitia Jacobson

16. BIRTHPLACE (city or town) (State or country) Hampstead Maryland.

17. INFORMANT John W Abbin

(Address) Manchester - Carroll Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Date July 30, 1932

19. UNDERTAKER Jacob Wirth's Sons.

(Address) Manchester, Md.

20. FILED JUL 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July. 22, 1932 to July 27, 1932

I last saw her alive on July 27, 1932 Death is said to have occurred on the date stated above, at 6:22 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of gall bladder	
Post operative shock.	

Other contributory causes of importance:

Hypertypresia.

Name of operation Cholecystectomy Date of July 25

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Shuckford, M. D.

(Address) Union Memorial Hospital.

Spec.—9-30—A. & Co.—250 Bks.

E 81674

E 81674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 E Lexington St. 5-8 WARD)

2. FULL NAME Herman Kilian

(a) RESIDENCE NO. 1310 E Lexington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where died: abt 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE~~ of: Margaret Kilian

6 DATE OF BIRTH (month, day, and year): Feb 22 1847

7 AGE: Years 85 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Himself
(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): Germany West Prussia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Margaret Kilian 1310 E Lexington St

15 Filed JUL 27 1932 Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 - 1932

17 I HEREBY CERTIFY, That I attended deceased from June 24 1932 to July 26 1932 that I last saw h[illegible] alive on July 26 1932 and that death occurred, on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile (Heart) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms (age)

(Signed) Howard C. Silver M. D.

, 19 (Address) 3706 Liberty Heights

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: July 28th 1932

20 UNDERTAKER: George Schillinger & Sons — ADDRESS: Monument & Airgleth

N. B. Director

Spec.—9-30—A. & Co.—250 Bks.

E 81675

81675

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

CERTIFICATE OF DEATH.

REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40 Hd & Resurrection Rd ST 13-52 WARD 7

2. FULL NAME Olivia King

(a) RESIDENCE No Home for Incurables ST. ____ WARD ____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. 7 mos 25 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H King

6 DATE OF BIRTH (month, day, and year) Sept 1 1833

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	88	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER M. H. Mullikin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Tabitha Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr Samuel S. Linthicum (Address) 5403 Duvall Ave

15 Filed 2-1-1932 19 Huntingtown Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from October 9, 1929, to July 25, 1929

that I last saw he alive on July 25, 1929

and that death occurred, on the date stated above, at 6 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Sub-acute Phlebitis of left Saphenous vein - (duration) — yrs. 1 mos. — ds.

Cerebral Embolism sudden

CONTRIBUTORY (Secondary) — (duration) — yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. B. Mayo M. D.

7/26 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL July 28 1932

20 UNDERTAKER John D. Mitchell & Sons ADDRESS 1900 Eutaw P.

E 81676

Spec. 3[illegible] U. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 81676

CERTIFICATE OF DEATH

95-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2127 W. Fayette St. 20-69 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John S Warfield

(a) RESIDENCE NO. (2127 W Fayette) ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Warfield.

6 DATE OF BIRTH (month, day, and year): Dec. 25, 1859

7 AGE: Years 72 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Glass Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John A. Warfield.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Berlin Germany

12 MAIDEN NAME OF MOTHER: Mary Weimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Berlin Germany

14 Informant: Elizabeth Warfield

(Address): 2127 W Fayette St.

15 Filed 2-1 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/26/32

17 I HEREBY CERTIFY, That I attended deceased from 7/10, 1932 to 7/26, 1932 that I last saw h[illegible] alive on 7/21, 1932 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A Carter, M. D.

7/26, 1932 (Address) 2145 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: July 28, 1932

20 UNDERTAKER: Leonard J. Fink — ADDRESS: Washington Blvd.

M. D. R. 1268-0

E 81677

81677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Duncan St. St., 13 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pauline J. Hartman.

(a) Residence: No. 412 S. Duncan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Hartman

6. DATE OF BIRTH (month, day, year) Dec. 23 1853.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Christopher Nor.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Pauline

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Barbara Weimyer (Daughter)
(Address) 637 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 28 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 703 S. Wolfe St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18 1932 to July 26 1932

I last saw her alive on July 25 1932. Death is said to have occurred on the date stated above, at 8:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Other contributory causes of importance: Mitral Insufficiency	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry O. Athey M. D.

(Address) 2504 Ashburton St.

M. D. H. 1268-9

E 81678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81678

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Dr.) Registered No.

CITY OF BALTIMORE: (No. ... St., 1-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Bentz

(a) Residence: No. 3004 McKays Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of HUSBAND of (or) Margaret Bentz

6. DATE OF BIRTH (month, day, year) Oct. 16th 1898.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	33	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Bentz

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Katie Walton

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul Cem. Date July 28 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 1931 to July 25 1932

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3.05 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Pulmonary tuberculosis — Dec. 1929

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas Thurwood Jr. M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-2

E 81679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81679

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Schrader

(a) Residence: No. 22 Maple Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/25/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	18 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Lee Schrader

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County

MOTHER

15. MAIDEN NAME Minnie Kastner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Henry Schrader
(Address) 22 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 28 1932

19. UNDERTAKER John Ludwig
(Address) 2002 Orleans

20. FILED JUL 28 1932 P.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26/32

22. I HEREBY CERTIFY, That I attended deceased from 7/25 1932, to 7/26 1932

I last saw him alive on 7/26 1932 Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Debility Hrs.	7/25/32
Other contributory causes of importance: Cerebral Hemorrhage	7/26/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7/25/32 19..

Where did injury occur? Prematurity Debility
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Maryland General Hosp.

A4Co. 5-31 250B

E 81680

E 81680 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2102 Bolton St. 13-20 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Holtzer

(a) Residence: No. 2102 Bolton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	80	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jacob L Holtzer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William N. Paul
(Address) 2107 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 28, 1932

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 801 W. Lafayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to July 25, 1932

I last saw her alive on 24 May 1932 death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiolysis	

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard 6 Nelson, M. D.

(Address) 3206 Gilroy Hopkins

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81681

E 81681

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH West Baltimore General Hospital — St. 2064 (Ward) — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva G. Disney 2108 Ashton St

(a) Residence: No. ~~1259 W Fayette St~~ Ave. ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Disney

6. DATE OF BIRTH (month, day, year) Jan 31, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Stapf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Hoffmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Disney (Address) 2108 Ashton St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 29, 1932

19. UNDERTAKER Mrs. Mrs. John F. Fowler & Son (Address) 501 N Fayette St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932 to July 26, 1932 I last saw h[illegible] alive on July 26, 1932 death is said to have occurred on the date stated above, at 5:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, with hypertension	7/14(32)
Uremia	
Other contributory causes of importance: Pregnancy complicating chronic nephritis	2 wks
(1) Caesarean section for delopement,	
Name of operation (2) Sterilization	Date of July 26, 1932

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip F Lerner, M. D.

(Address) West Baltimore General Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81682

CERTIFICATE OF DEATH + 96 E 81682

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Ogle

(a) Residence: No. 853 Kenwood Ave, Catonsville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora G. Ogle

6. DATE OF BIRTH (month, day, year) Jany 28/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Sec. Md. Tax

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Reform Association

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

FATHER

13. NAME Geo. A. Ogle

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Des Forges

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dora G. Ogle (Address) 853 Kenwood Ave, Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 7/28/32

19. UNDERTAKER Joseph Ahrens (Address) 22 Bevans Huntington Hollieus, Md.

20. FILED 7-27-1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.55 A.M.

The principal cause of death and related causes of importance were as follows:

Aneurism anterior arteries of brain

Date of onset

Other contributory causes of Importance:

Name of operation Ligation of both anterior cerebral arteries Date of 7.25/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos H Carter, M. D.

(Address) 508 E North Ave Coroner

1-30—M. & T.—100 B—50L

E 81683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81683

CERTIFICATE OF DEATH

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Basement of Offices

CITY OF BALTIMORE: (No.) Saratoga & Charles (301) ST., ... WARD)

2-FULL NAME John P. Baer

(a) RESIDENCE NO Timonium, Md ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Margaret Brian Baer

6 DATE OF BIRTH (month, day, and year) March 2, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer) self
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert M. Baer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary C. Comer

13 BIRTHPLACE OF MOTHER (city or town) Balto,
(State or country) Maryland

14 Informant Robert M. Baer
(Address) Timonium, Md

15 Filed 7-27-1932 Huntington Williams, M.D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by means of Revolver Wounds of Head
immediately
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

7/27 1932 (Address) 2203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL July 28 1932

20 UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS Eastern Ave & Ellwood Ave

TION is very important See instructions on back of certificates.

M. D. H. 12689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81684

CERTIFICATE OF DEATH

E 81684

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanemann Memorial Hospital St., Ward) Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wellem D. Fuelton 12-49

(a) Residence: No. Forest Hill, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Ellen Fuelton

6. DATE OF BIRTH (month, day, year) ? 1902

7. AGE: Years 30 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Marie Fuelton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. H. C. Singleton (Address) Forest Hill Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date July 1932

19. UNDERTAKER Pumphrey & Sons. (Address) Edison Md.

20. FILED 7-27-1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound Through Head Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed) Chas. Morrison Coroner, M. D.

(Address) 1932 Roland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81685

CERTIFICATE OF DEATH

137 E 81685

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Bafford 25-75

(a) Residence: No. 28 Talbot St. St., Ward. Brooklyn, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alice Bafford

6. DATE OF BIRTH (month, day, year) Mar 10-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Alick Bafford

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Elizabeth Cocker

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 7/29 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1932 to 7-26 1932

I last saw him alive on 7-26 1932 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1-30-32
Acute retention	7-7-32
Other contributory causes of importance:	
Uremia	7-23-32

Name of operation Supra Pubic ~~Cystotomy~~ Date of 7-22-32

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ruthrie E Lewis M. D.

(Address) Balto City Hospitals

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81686

E 81686

CERTIFICATE OF DEATH

122-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St., ... Ward)
Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta N. Ortman 16-22
(a) Residence: No. 800 N Brice St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Keeping
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER
13. NAME Charles Ortman
14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER
15. MAIDEN NAME Mary Hirman
16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs Wm Schildwachter
(Address) 800 N. Brice St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 7/29 19 32

19. UNDERTAKER Wm Cook
(Address) 1217 E Oad St

20. FILED 7-27 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to July 26, 1932
I last saw her alive on July 26, 1932 death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Gangrene of Intestine	
Other contributory causes of importance:	
Post Operative Shock	

Name operation Release of Incarcerated Hernia Date of 7/26/32
Was tissue confirmed diagnosis? ..... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip F Lerner M. D.
(Address) West Baltimore General Hospital

M. D. B. 1265-9

Dr Owen 26 E. Preston St Va 4880

E 81687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 81687

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 E. Fairmount Ave Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma E. Briddell 6-11

(a) Residence: No. 3102 E. Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Emerson N. Briddell

6. DATE OF BIRTH (month, day, year) Nov. 25 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

FATHER

13. NAME Rufus Sidney Rau

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett E. Muir

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rufus Briddell

(Address) 3102 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Somerset Co Md Date July 28th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

22. FILED 27 1932 ~~Frank~~ Huntington Wil. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 1932 to July 26 1932

I last saw h[illegible] alive on July 26 1932 Death is said to have occurred on the date stated above, at 5 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Nephritis

Name of operation None Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify None

(Signed) Dr. John A. Owen M. D.

(Address) 26 E Preston St

M. D. B. 1268-9

81688 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 81688

CERTIFICATE OF DEATH

93-003

27-44

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Halcyon Ave. Hamilton Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Dittell

(a) Residence: No. 2803 Halcyon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Dittell

6. DATE OF BIRTH (month, day, year) Nov. 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lawrence Schultheis

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Fusber

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT William Dittell
(Address) 2803 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 7/28/1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 7-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 to July 25, 1932

I last saw her alive on July 25 1932 Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Hypostatic x Pneumonia, both bases

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. Smith M. D.

(Address) 47 Bloomfield Ave

M. D. B. 1268-9

81689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81689

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimor City Hospitals — Registered No. 1622

CITY OF BALTIMORE: (No. Baltimor, Md. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Mathews

(a) Residence: No. 720 N. Mount St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. —

6. DATE OF BIRTH (month, day, year) Dec. 12 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Samuel Harris

14. BIRTHPLACE (city or town) (State or country) Howard Co, Md

MOTHER

15. MAIDEN NAME Eliz. Harris

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Balto. City Hospitals (Address) Record

18. BURIAL, CREMATION, OR REMOVAL Place Dist. 4 Cremation Cemetery Date 7/28/32. 1932

19. UNDERTAKER Undertaker A. Suggs (Address) 1230 Pennsylvania Ave.

20. FILED 1932 Huntington Williams Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26. 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-22. 1932 to 7-25. 1932

I last saw h[illegible] alive on 7-25. 1932. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy	
Carcinoma of	4-25-3
unknown	
etiology	
Adimant in Ova	?
	1 over

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

7-26-32 (Signed) Elmer Highberger, Jr. M. D.

(Address) Baltimore City Hospitals.

81690

HEALTH DEPARTMENT—CITY OF BALTIMORE

81690

CERTIFICATE OF DEATH

107-001

14-207

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Margaret Merryman

(a) Residence: No. Brooklandville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Merryman

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Lily Margaret Dixon

16. BIRTHPLACE (city or town) (State or country) Belfast Ireland

17. INFORMANT Father
(Address) Brooklandville, Md.

18. BURIAL, CREMATION, OR REMOVAL Interment Loudon Park Date July 28 1932

19. UNDERTAKER Thurnwald & Son
(Address) 3612 Edmondson Ave

20. FILED JUL 29 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 27, 1932

I last saw her alive on July 26, 1932 death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	July 27, 32

Other contributory causes of importance:

Prematurity	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William A Deckert M. D.

(Address) Woman's Hospital.

1-30—M. & T.—100 B—60L

E 81691

✓ E 81691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 W. Lombard ST., WARD) 18-29

2-FULL NAME Mary Louis

(a) **RESIDENCE** No. 827 W. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Louis

6 DATE OF BIRTH (month, day, and year) ? ? 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Shenandoah Pennsylvania

PARENTS

10 NAME OF FATHER: Sylvester Pojeinas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: William J. Louis

(Address): 827 W. Lombard St.

15 Filed ..... 193 ..... Registrar

Huntington H. Williams M.D. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis
Acute Dilatation of Heart

(duration) unknown but not longer than ..... ds.

CONTRIBUTORY (Secondary): Fatty degeneration

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) Guy H. Cromwell M. D. Coroner

7/26 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: July 29 1932.

20 UNDERTAKER: Chas B. Kuchauckas

ADDRESS: 632 S. Paca St

TION is very important. See instructions on back of certificates.

E 81692

E 81692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... ds.

2. FULL NAME Harris Handel

(a) Residence: No. Belvedere Greenspring Ave. St., 27-56 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Levindale
Place Date 8/1/32 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1121 E. Baltimore

20. FILED 8-2-1932 Huntington Williams N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-3 1932 to 7-27 1932

I last saw h(im) alive on 7-27 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	7-19-32
Arteria Sclerosis	
Hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81693

CERTIFICATE OF DEATH

93-003
13-54

Registered No. E 81693

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2808 Auchentoroley Terrace St., Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Bradley Hughes

(a) Residence: No. 2808 Auchentoroley Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Hughes

6. DATE OF BIRTH (month, day, year) May 10, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 060

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Brady

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Estella Hughes

(Address) 2808 Auchentoroley Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date July 28 1932

19. UNDERTAKER Wm. H. Tschudy & Son

(Address) 1 W. Preston St.

20. FILED JUL 29 1932 Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10 1932 to July 27 1932

I last saw h[illegible] alive on April 26 1932 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic hypercystitis — Date of onset 1927

Other contributory causes of importance:

Acute cystitis Obstruction — 7/21/32

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Patrick [illegible] Mitchell M. D.

(Address) 1112 [illegible]

M. D. B. 1268-9

81694 2632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81634

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Broughton (County) 7-9

(a) Residence: No. Box 330 Morrisham St., ... Ward. Bulgata, md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-2-31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Bishop Broughton

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Thelma Singleton

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Relay Date 7/28, 1932

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED 8-1-1932 [illegible] Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932 to July 26, 1932

I last saw him alive on July 26, 1932 Death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-23-32

Other contributory causes of importance:

Rickets ?
Malnutrition
Secondary anaemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. J. W. Beckford M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1265-9

E 81695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81695

CERTIFICATE OF DEATH

15-164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 N. Fulton St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Mayers

(a) Residence: No. 1326 N. Fulton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Joseph Mayers

6. DATE OF BIRTH (month, day, and year): Sept 12 1874

7. AGE: Years: 57 | Months: 10 | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Alfred Buckingham

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Sarah Snyder

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Joseph Mayers 1326 N. Fulton St

18. BURIAL, CREMATION, OR REMOVAL: Place: Loudon Pk. Date: 7-28-1932

19. UNDERTAKER (Address): Mrs Sara E Rohde 2327 Edmondson Ave Huntington Mallows, Md

20. FILED: JUL 23 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide Asphyxiated Illuminating gas

Date of onset

Other contributory causes of importance: .....

Name of operation: Regular Date of: No

What test confirmed diagnosis: ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury: ..... 19....

Where did injury occur? 1326 N. Fulton St (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Link, M. D.

(Address) Coroner

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81696 E 81696

CERTIFICATE OF DEATH

82-002

Registered No. 9-46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 Fenwick Ave St., Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James G. B. Mutch

(a) Residence: No. 2721 Fenwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Meda M. Mutch

6. DATE OF BIRTH (month, day, year) Sept. 3-1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Car. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lebanon Pa.

FATHER

13. NAME John. G. Mutch

14. BIRTHPLACE (city or town) (State or country) Lebanon Pa.

MOTHER

15. MAIDEN NAME Susan Leibman

16. BIRTHPLACE (city or town) (State or country) Lebanon Pa.

17. INFORMANT Mrs Meta M. Mutch
(Address) 2721 Fenwick Ave.

18. BURIAL, CREMATION, OR REMOVAL Lebanon Pa. Date July 30 1932

19. UNDERTAKER Wm. H. Valentine
(Address) 2326 Elbon St.

20. FILED 19 Huntingtons Wis.
(Registrar) (Deputy Registrar, N. D.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 27, 1932

I last saw him alive on July 26, 1932 death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis acute	7/23/32
Broncho Pneumonia	7/20/32
Exhaustion	6/21/32
Cerebral thrombosis	6/21/32
Inguinal Hernia	6/16/32

Other contributory causes of importance:

Name of operation Herniotomy Date of 6/16/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Kinzer, M. D.
(Address) 2700 Hoffman Ave

AaCo. 5-31 250B

81697

E 81697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-14 92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., ... Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nora C. Bairn

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH Dec (month) 22 (day) 1849 (year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 1

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy C. Bairn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna C. Keefe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 29 1932

19. UNDERTAKER Chas. F. Fraley & Son
(Address) 1300 N. Eutaw St.

20. FILED 7-29-1932 Huntington Williams N.P. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1932 to July 27 1932

I last saw her alive on July 26th 1932 death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance: Hemiplegia left side	July 22

Name of operation Autopsy Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarthy M. D.

(Address) 111 E. Lanvale

M. D. B. 1268-9

81698 E 81698

81698 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-3023

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Solomon Williams

(a) Residence: No. 524 W. Lee st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Williams

6. DATE OF BIRTH (month, day, year): Jan. 31, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Columbia South Carolina

FATHER

13. NAME: Doc Williams

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Clara Ballard

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt Olivet Cemetery Date 7/29, 1932

19. UNDERTAKER: Charles S. Cooper
(Address) 514 N. Eutaw St.

20. FILED 7-29-1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to July 26, 1932
I last saw him alive on July 26, 1932. Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. L. Dorsey, M. D.

(Address) Baltimore City Hospitals

1-30—M. & J.—100 B—50L

E 81699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81699

CERTIFICATE OF DEATH

183

REGISTERED NO. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Off Pratt & Calvert Sts. ST., WARD

2-FULL NAME James J. Jones. (C)

(a) RESIDENCE NO. 226 N. Vincent St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 29, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Jones. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Tyler. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary Brown. (C) aunt.
(Address) 226 N. Vincent St.

15 Filed ..... 192 ..... Registrar

Huntington Williams, M.D. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a wharf.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

7/28/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 7/29 1932

20 UNDERTAKER Charles G. Cooper ADDRESS Eastern Ave

THIS IS Very Important. See instructions on back of certificate.

M. D. B. 1268-9

E 81700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81700

174

CERTIFICATE OF DEATH

Registered No. 17-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 W Biddle St., 17 Ward) (If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Nicholson-nee-Cooper

(a) Residence: No. 543 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year): 1903

7. AGE: Years 29 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Thurmond Nudle

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Mary Cooper

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT (Address): Mary Cooper 543 W Biddle

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date 7-28-32

19. UNDERTAKER (Address): Dant Egerton 916 Pa Ave.

20. Filed JUL 2 1932 Hilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him on August 1 Autopsy 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide — Incised wound of neck involving blood vessels and Larynx

Date of onset

Other contributory causes of importance: (over)

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 543 W Biddle (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek, M. D.
Coroner

(Address)

OCCUPATION IS VERY Important. See instructions

8pec.—1-30—M. & T.—250 Blks

E 81701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81701

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W. Hilton St., WARD)

2-FULL NAME Caroline Cramer.

(a) RESIDENCE NO. 700 W. Hilton St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L Cramer.

6 DATE OF BIRTH (month, day, and year) Mar. 1, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

PARENTS

10 NAME OF FATHER Jacob Wiser.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland.

12 MAIDEN NAME OF MOTHER Caroline Wiser.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant (Address) Henry C. Cramer 700 W. Hilton St.

15 Filed JUL 29 1932 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27/32

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to July 27, 1932, that I last saw her alive on July 27, 1932 and that death occurred, on the date stated above, at 7 20 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 7 mos da.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) G Burns Hanssdorfer, M. D.

, 19 (Address) 100-E-20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stoltzus Cem. York Co. Pa

DATE OF BURIAL July 30 1932

20 UNDERTAKER Harry W. Eblen

ADDRESS 1944 W. Mosher

M. D. B. 1268-9

81702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81702

CERTIFICATE OF DEATH

1. PLACE OF DEATH — St. Josephs Hosp. X 13 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Myers 9-17

(a) Residence: No. ..... Westminster Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Firm	Col	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer Myers

6. DATE OF BIRTH (month, day, year) July 6 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Charnis.

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Alice Bruce

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Elmer Myers.

(Address) Union St. Westminster

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date July 30 1932

19. UNDERTAKER Sand & Chase & Son

(Address) 638 N. Gilmor

20. FILED Aug 2 1932 Hesterson Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to July 27, 1932

I last saw h.e alive on July 27, 1932 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia
Secondary renal disease
Chronic nephritis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood chem. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. F. Young M. D.

(Address) W. Westminster Md

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81703

CERTIFICATE OF DEATH

92-001 E 81703

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Tunbridge Road St., Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J.May Souther, 27-48

(a) Residence: No. 203 Tunbridge Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Allen B.Southern

6. DATE OF BIRTH (month, day, year) December 20.1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles W.Coleman,

14. BIRTHPLACE (city or town) (State or country) New Oxford Penna,

MOTHER

15. MAIDEN NAME Martha J.Gobrecht,

16. BIRTHPLACE (city or town) (State or country) Littlestown Penna.

17. INFORMANT Mrs C.Wilson Wood,
(Address) 203 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Oxford Pa. Date JUL 29 1932

19. UNDERTAKER Robert S.Little,
(Address) 2700 Edmondson Ave.

20. FILED 2[illegible] 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 27 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10. 1932. to July 27. 1932.

I last saw h[illegible] alive on July 27. 1932. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
myocarditis	1927
Other contributory causes of importance:	
Synovial sarcoma	July 1931

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Dr. W. Kemmerer M. D.

(Address) 3002 Garrison Blvd.

M. D. B. 1268-9

81704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 E 81704

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Newington Ave. St., ... Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Catherine Maccubbin, 13-59

(a) Residence: No. 711 Newington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert W. Maccubbin, Jr.

6. DATE OF BIRTH (month, day, year) May 17. 1842

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Isreal Owings,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Sarah Burke,

16. BIRTHPLACE (city or town) (State or country) Baltimore CO. Md.

17. INFORMANT (Address) Mrs. Jesse Hurst, 711 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL JUL 30 1932

Place Lorraine Cem. Date 19

19. UNDERTAKER George W. Little,
(Address) 2700 Edmondson Ave.

Huntingtown Millburn, N.J.

20. FILED 1932 T. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 27 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1932 to July 27 1932

I last saw h[illegible] alive on July 27 1932 Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Vascular	40 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. S. Love M. D.

(Address) 2211 Eutaw Place

A4Co. 5-31 250B

81705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 E 81705

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. Fayette St., Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Larissa M. Heubeck

(a) Residence: No. 2111 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

6-10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank J. Heubeck

6. DATE OF BIRTH (month, day, year) Aug. 2/1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ger.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Anna M. ~~Heubeck~~ Roth

(Address) 2111 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 30. 1932

19. UNDERTAKER Jos. J. Herr

(Address) Fayette & Longwood Sts.

20. FILED 2 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932 to July 27, 1932

I last saw h[illegible] alive on July 25, 1932 death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Delay Seleros is	1928
Cerebro-Arterio-Seleros is with Hypertension	1932
Other contributory causes of importance:	
Acute Dilatation of Heart July 25	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Luetkemeyer, M. D.

(Address) 143 N. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81706

CERTIFICATE OF DEATH

E 81706

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 53 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Kerns 7-9

(a) Residence: No. 205 E 1st St Altoona Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. W. Kerns

6. DATE OF BIRTH (month, day, year) 2/18/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John D. Hubert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Turk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Altoona Pa. Date 7/28/1932

19. UNDERTAKER Fred Shaffners (Address) 2216 Eighth Ave Altoona, Pa.

20. FILED JUL 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to July 28, 1932

I last saw her alive on July 28, 1932. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of vertebral column - type unknown - type maybe malignant	1929
Other contributory causes of importance:	

Name of operation Laminectomy Date of 7-28-32

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Geib M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81707

CERTIFICATE OF DEATH

163 E 81707

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD)

2-FULL NAME John F. Brady 21-28

(a) RESIDENCE NO. 1438 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman 62
(b) General nature of industry, business, or establishment in which employed (or employer) at
(c) Name of employer Carnegie Steel Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Lula Rich
(Address) 1438 Carroll St

15 Filed 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by Carbolic Acid

(duration) 30 min. to 1 hr. yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical signs and history given

(Signed) Guy N. Cromwell, M. D. Coroner
7/28, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL July 30 1932

20 UNDERTAKER Carey H. Armacost & Son

ADDRESS 720 Edmondson Ave

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

(Wilson)

81708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 86 E 81708

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E Hare St., Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria Wilson. 12-58

(a) Residence: No. 5-E. Hoffman St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/26-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Arnold Wilson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Vednell Brafford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Wilson

(Address) 5 E. Hare St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 27, 1932

19. UNDERTAKER Robt. F. Williams

(Address) 6-E Hoffman St

20. FILED 1932 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Morgan Coroner, M. D.

(Address) 3632 Roland Ave

M. D. B. 1268-9

E 81709 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81709

CERTIFICATE OF DEATH 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E. Ware St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jewell Braxton 12-50

(a) Residence: No. 5 E. Ware St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single, Married, Widowed, or Divorced (write the word)
F.	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

1904

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Dorton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Dalton
(Address) 5 E. Ware St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 29, 1932

19. UNDERTAKER Robt. H. Middleton & Sons Inc
(Address) Pennington Ave & Hanover St

20. FILED July 29 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

a Pneumonia

Date of onset

Other contributory causes of importance:

Hypostatic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Blommers Coroner, M. D.

(Address) 7612 Roland Ave

AACo. 5-31 250B

81710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 81710 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Josephine Kiessling 25-77 C

(a) Residence: No. 1601 Cyril St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Feb 5)

6. DATE OF BIRTH (month, day, year) Feb. 5 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Martin Kiessling

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Beatrice Cooper

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Beatrice Kiessling

(Address) 1601 Cyril St.

18. BURIAL, CREMATION, OR REMOVAL Kiessling's Funeral Home Date July 29th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1932 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1932 to 7-27 1932

I last saw her alive on 7-22 1932 death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus (Chronic Nutritional Disturbance)	1-1-32
Bilateral Apical Pneumonia (Secondary)	7-26-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify)

(Signed) Paul Lulens M. D.

(Address) South Baltimore Gen Hosp.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81711 191 E 81711

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Pressman + Monroe Sts Ward)

2-FULL NAME Samuel T. Mullen 16-23

(a) RESIDENCE NO. 1106 Fremont Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Louisa Mullen

6 DATE OF BIRTH (month, day, and year) Jan 1st 1850

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
82	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Al Mullen

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Harry Mullen
(Address) 5126 Crescent Ave

15 Filed 1932 Huntington Williams M.D. Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Heat Prostration Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pressman + Mon

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Funk M. D.

July 28 (Address) Coroner

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetary	July 30 1932
20 UNDERTAKER Wm Cook	ADDRESS 1217 E Paul St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81712

81712

50

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4021 Woodhaven Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Erne Anna Louise Umbach

(a) Residence No. 4021 Woodhaven Ave St., Ward 15-65

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwig Umbach

6-DATE OF BIRTH (month, day and year) Oct 26, 1885

If LESS than 1 day, ...hrs. or....min.?

7-AGE. 46 yrs. 9 mos. 2 ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Henry Wohlers

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Gloy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Ludwig Umbach

(Address) 4021 Woodhaven Ave

15-Filed 2 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-28-32

17-I HEREBY CERTIFY, That I attended deceased from May, 1932, to 7-28-, 1932, that I last saw her alive on 7-28-, 1932, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

Metastasis from Carcinoma breast - right (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of March 1931

Was there an autopsy? No

What test confirmed diagnosis? Clin Path Exploration

(Signed) Karl J Steinmueller, M. D.

7/28, 1932 (Address) Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park (Cremation) DATE OF BURIAL. 7/30 1932

20-UNDERTAKER. J M Cook ADDRESS 1217 E Cold St

AaCo. 5-31 250B

(Schmidt)

E 81713 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81713

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 E. McElderry St. Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Christian Frederick Schmidt

(a) Residence: No. 2931 E. McElderry St. Ward. 1-11
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fredericka Schmidt

6. DATE OF BIRTH (month, day, year) Dec 27 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Jacob Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son John Henry Schmidt
(Address) 2931 E. McElderry St.

18. BURIAL, CREMATION, OR REMOVAL
Date July 29 1932

19. UNDERTAKER J. S. Marshall
(Address) 3539 Fallstaff Rd.

20. FILED JUL 29 1932 19... RKH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to July 27, 1932
I last saw him alive on July 27, 1932 death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio renal disease	10 years.
Other contributory causes of importance: Bronchopneumonia	1 week
Gangrene	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert C. Schonky, M. D.

(Address) 2939 E. McElderry St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81714

CERTIFICATE OF DEATH

94-001 E 81714

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N. Caroline st Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. W. Blankfard

(a) Residence: No. 1635 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

8-17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Blankfard

6. DATE OF BIRTH (month, day, year): May 27 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Jacob Blankfard

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Elizabeth McEntuck

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Elz. S. Blankfard

(Address): 1635 N Caroline st

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: 7/29/32

19. UNDERTAKER: Philip Herring

(Address): 2016 Orleans St

Huntingtown Phillips, N.Y.

JUL 29 1932

Registrar.

Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/29/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Friday July 15 1932 to July 26 1932

I last saw h alive on July 25 10 1932 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coming Pneumonia	7/15/32
Cardiac Dilatation	
Other contributory causes of importance:	
None	
None	

Name of operation: ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

27. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Albert Brack M. D.

(Address) 5 Chase St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81715 E 81715

CERTIFICATE OF DEATH 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Carey

(a) Residence: No. Thornbury Rd. Mt. Wash. St., Ward. Washington
(Usual place of abode) (If non-resident give city or town and State)

27-54

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) Child

11. Total time (years) spent in this occupation Child

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Carey (Deceased)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mildred Luth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mildred Luth Carey (Mother)
(Address) Thornbury Rd. Mt. Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 29th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Huntington Pentagon, N.D.

20. FILED 29 1932 19.....
R. S. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24th 1932 to July 27th 1932
I last saw him alive on July 27th 1932 Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns, 2nd and third Degree	July 25
Edema of Lungs	July 25
Toxaemia from burns	July 25
(N. Corner of Wyoming and Dulaney)	
Other contributory causes of importance ~~2nd and 3rd degree burns of extremities and abdomen~~	July 25

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 25th 1932
Where did injury occur? Thornbury Rd. Mt. Wash. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In the home of the deceased
Manner of injury Burned in fire
Nature of injury 2nd + 3rd degree burns of extremities & abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Fowler M. D.
(Address) Union Memorial Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81716

CERTIFICATE OF DEATH

82-001 E 81716

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E Barney St., ... Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 61 yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin P Miles

(a) Residence: No. 34 E Barney St., ... Ward. 23-34

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Miles

6. DATE OF BIRTH (month, day, year) Aug 23, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt Mfg

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Peter Miles

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Patsy Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Agnes Miles

(Address) 34 E Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 1 1932

19. UNDERTAKER C. Kayard Evans

(Address) 2nd & Hanover Huntington Pottsville, N.S.

Filed AUG 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932 to July 27, 1932

I last saw him alive on July 27, 1932 Death is said to have occurred on the date stated above, at 5 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Artery sclerosis, high blood pressure, bad senile tight of kidneys before the first

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Hamm M. D.

(Address) 1215 Hanover

M. D. B. 1268-9

81717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81717

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Meyer Wolfe 7-13

(a) Residence: No. 541 Lemmon St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Eli Wolfe
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 7/28/32 19

19. UNDERTAKER Joel Heavner Inc
(Address) 1431 E. Baltimore St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 28, 1932. Last saw him alive on July 28, 1932. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bilateral Kidney Tuberculosis	
Chronic Myocarditis	
Chronic Emphysema	
Chronic Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert Cohen, M. D.

(Address) Sinai Hospital

81718 — 26 — A Co. — 200 Blks.

Griffin

E 81718

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cyrus Griffin 14-20

(a) RESIDENCE NO. 1925 N. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Gloucester Co Va

(State or country)

PARENTS

10 NAME OF FATHER Cyrus Griffin

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Marie Taub

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Elizabeth Griffin

(Address) 1920 N. Caroline St

15 Filed 2 1932 19 Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 19 32

17 I HEREBY CERTIFY, That I attended deceased from July 20 19 32 to July 27 19 32

that I last saw h.. alive on July 27 19 32

and that death occurred, on the date stated above, at 1.1[illegible] A. m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Thos Hughes M. D.

(Address) Provident Hospital

July 27, 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — Date of Burial 7/29/32 1932

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 1845 N. Caroline St

very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

E 81719 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81719

CERTIFICATE OF DEATH. 131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1219 Myrtle av ST. ...WARD)

2-FULL NAME Mrs H. Layton 17-24

(a) RESIDENCE NO. 1219 Myrtle av ST. ...WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Layton

6 DATE OF BIRTH (month, day, and year) Oct 22, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55		9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hauler

(b) General nature of industry, business, or establishment in which employed (or employer) Driver

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Whitestone Va.

PARENTS

10 NAME OF FATHER Geo. Layton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Francis Layton
(Address) 1219 Myrtle av

15 Filed Oct 20 1932 19 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26/32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931, to July 26, 1932 that I last saw him alive on July 25, 1932 and that death occurred, on the date stated above, at 10:15 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis about 7 mos
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) John H. Tompkins M. D.

(Address) 1021 W. Lafayette ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL July 28 1932

20 UNDERTAKER Mrs Katie R Williams — ADDRESS 322 N Schroeder St

M. D. B. 1268-9

81720 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81720

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Thompson 4-26

(a) Residence: No. 735½ W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, 1918

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
13	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Georgia

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) ..... (State or country) Georgia

MOTHER

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (city or town) ..... (State or country) Georgia

17. INFORMANT Elizabeth Thompson
(Address) 735½ W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date July 28, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 321 E. Lexington St.

20. FILED JUL 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 26, 1932
I last saw h[illegible] alive on July 26, 1932. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis, Intracranial	
	over

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Maurice Lewis Abrams, M. D.

(Address) Hopkins - Hosp.

Spec.—9-30—A. & Co.—250 Blks.

E 81721

81721 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1505 N. Mount St. ST. ..... WARD)

2-FULL NAME Henrietta Carter 15-21

(a) RESIDENCE NO. 1505 N Mount St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edward Carter
(Address) 1509 N Mount St

15 Filed 2-1932 Hunting H Williams Registrar
Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 32

17 I HEREBY CERTIFY, That I attended deceased from June 6 1932 to July 27 1932

that I last saw h alive on July 26 1932

and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) T O Ralph M. D.

7/28 1932 (Address) 1512 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Frederick Burg Md

DATE OF BURIAL 7-28 1932

20 UNDERTAKER Howard Carlson

ADDRESS Balto

M. D. B. 1268-9

E 81722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-001

Registered No. 16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2429 E Fedral St (St.) ..... (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kuhn

(a) Residence: No. 2429 E. Fedral St (St.), ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Kuhn

6. DATE OF BIRTH (month, day, year) Aug 11 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John H Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Williams

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martin Kuhn

(Address) 2429 E. Fedral St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 30. 1932

19. UNDERTAKER Martin H. Dippel Inc

(Address) 37 S Ann St

20. FILED 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 . 1932 to July 27. 1932

I last saw h alive on July 27. 1932 Death is said to have occurred on the date stated above, at 3 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/27/32
Other contributory causes of importance:	
Acute Bronchitis	1 mo

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Stiller, M. D.

(Address) 1737 Gough

E 81723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81723

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) NO. 925 Poplar grove ST., WARD

2-FULL NAME John L. Becker ST., 16-68 WARD

(a) RESIDENCE NO. 925 Poplar grove (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Mary A. Becker

6 DATE OF BIRTH (month, day, and year): Oct 22 1861

7 AGE: Years 70; Months 9; Days 5; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Letter Carrier 86

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: August Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Catherine Patterman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Mary A. Becker (Address) 925 Poplar grove st

15 FILED 1932 . 19 Huntington Williams N.Y. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1932

17 I HEREBY CERTIFY, That I attended deceased from July 27 . 1929 . to July 27 . 1932 that I last saw h[illegible] alive on July 27 . 1932 and that death occurred, on the date stated above, at 830P m

The CAUSE OF DEATH* was as follows: Arterial Sclerosis 1929

Chronic Interstitial Nephritis 1929

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Senile Infirmities (duration) yrs 12 hours mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual examination

(Signed) Wm Grant, M. D.

, 19 (Address) 3217 Washington Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: July 30 1932

20 UNDERTAKER: E Schlosman & Son

ADDRESS 1039 Hanover

M. D. B. 1268-9

E 81724 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81724

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals. Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Burns 18-26

(a) Residence: No. 2310 N. Schroeder St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edw. Burns

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Betson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 7-29, 1932

19. UNDERTAKER J. J. Drake & Sons
(Address) 1518 Eighth St Baltimore, Md.

20. FILED JUL 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.26.32

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1932 to 7.26, 1932

I last saw h[illegible] alive on 7.26, 1932 Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of unknown etiology	unknown

Other contributory causes of importance:

over

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7.27.32 (Signed) [illegible] M. D.
(Address) Baltimore City Hospitals

81725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81725

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. FB Hosp. City Hospitals St., Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Haines

(a) Residence: No. 310 N Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estone Haines

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7/29 1932

19. UNDERTAKER J. J. Fabey & Sons
(Address) 1212 Light St.

20. FILED Aug 1 1932 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1930 to July 27 1932

I last saw him alive on July 27 1932 Death is said to have occurred on the date stated above, at 12.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Since Oct 1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. L. Farrow M. D.

(Address)

M. D. B. 1268-0

E 81726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 717 E. 37th St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Orville L. Kelbaugh

(a) Residence: No. 717 E. 37th St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of [illegible] Myrtle M. Kelbaugh

6. DATE OF BIRTH (month, day, year) Jan 19 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37.	6.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kelbaugh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Albaugh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife Mrs Myrtle M. Kelbaugh

(Address) 717 E. 37th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date July 30 1932

19. UNDERTAKER Walter Davis

(Address) 03 E Chestnut Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17 1932 to July 27 32

I last saw him alive on July 27 1932. Death is said to have occurred on the date stated above, at 12 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition Exhaustion	1 mo
Other contributory causes of importance: Pulmonary T.B. Primary & Secondary	T.B.

Name of operation None Date of None

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Vernon J. Kelly M. D.

(Address) 608 Somerset Road

M. D. B. 1268-9

81727 HEALTH DEPARTMENT—CITY OF BALTIMORE 81727

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 N. Bond St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Olert

(a) Residence: No. 1829 N Bond St., Ward. 8—17

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (or) WIFE of Christian Olert

6. DATE OF BIRTH (month, day, year) February 27 1860

7. AGE Years	Months	Days	If LESS than 1 dny. hrs. or min.
72	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Dressel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Kasper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. Casper Olert

(Address) 1829 N. Bond

18. BURIAL, CREMATION, OR REMOVAL Cem

Place Most Holy Redeemer Date Aug. 1 1932

19. UNDERTAKER Henry Hauck Sons Inc.

(Address) 1301 E Eager St

20. FILED JUL 28 1932 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-3-29 1929 to 7-28 1932

I last saw her alive on 7-28- 1932 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7-25-32

Other contributory causes of importance:

Chronic myo- + endo-carditis Unknown
Chronic nephritis
arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Physical evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Fro B. Sybert M. D.

(Address) 2802 Harford Ave.

M. [illegible]-268-9

E 81728 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81728

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Joseph's Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 1-3

Length of residence in city or town where death occurred ..... yrs. (8) mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Lillian Dombrowski (Grzegarzak)

(a) Residence: No. 7095 Lakewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michail Popiacki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sabina Podgurniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Olga Pasko
(Address) 709 S. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 30, 1932

19. UNDERTAKER F W Bazzetti
(Address) 1930 E. Baltimore Ave Huntingdon P.O. Balto, Md.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to July 28, 1932
I last saw her alive on July 28, 1932. Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	1926
Cerebral Hemorrhage	July 25

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. F. Young, M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

E 81729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 81729

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital - St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anastazia Mary Blusiewicz

(a) Residence: No. 600 S. Ann St. St., Ward. 2-4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1. 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Antoni Blusiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Helene Krajewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mother Blusiewicz

(Address) 600 S Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Ros. Date July 30 1932

19. UNDERTAKER J. Wozniewski

(Address) Hudson Funeral Home, Huntington Avenue

20. FILED AUG 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-32. 19

22. I HEREBY CERTIFY, That I attended deceased from October 21 1931 to July 26 1932

I last saw her alive on July 26 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	Oct 21/31

Other contributory causes of importance: Congenital Heart Disease

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Archie Robert Cohen M. D.

Director (Address) Sinai Hospital -

A&Co. 5-31 250B

E 81730 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 31730

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Hollins St. St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Damulaitis

(a) Residence: No. 812 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

18-29

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Laukaitis

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Nellie Laukaitis
(Address) 812 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place W. L. Rahmey Date July 30 1932

19. UNDERTAKER Geo. Funkhauser
(Address) 423 S. Paca St.

20. FILED JUL 2 1932 Huntington, Ind. Director, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1932 to 7-27 1932

I last saw him alive on 7-27 1932 death is said to have occurred on the date stated above, at 8:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bones-Pneumonia	7/26/32
Other contributory causes of importance: Cerebral Accident	7/24/32

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) Joseph F. Laukaitis M. D.
(Address) 679 Washington Blvd

E 81731

S[illegible] T – 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81731

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Wesley ST. (WARD) 12-19

2-FULL NAME Lemuella Jones

(a) RESIDENCE NO. 604 Wesley ST. WARD 12-19

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Clifton Jones

6 DATE OF BIRTH (month, day, and year): June 16, 1894

7 AGE: Years 38 Months 1 Days 11

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Trusty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Clifton Jones 604 Wesley

15 Filed [illegible] 1932 Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1932

17 I HEREBY CERTIFY, That I attended deceased from June 15 1932 to July 27 1932

that I last saw her alive on July 27 1932

and that death occurred, on the date stated above, at 2:35 P. m.

The CAUSE OF DEATH* was as follows:

(Chronic Endocarditis (Mitral Regurgitation))

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

7-28 1932 (Address) 3256 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL July 29 1932

20 UNDERTAKER: Mrs. A. C. Elliott ADDRESS 1725 Eutaw

TION is very important. See instructions on back of certificates

M. D. B. 1268-9

E 81732

81732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James Johnson

4-25

(a) Residence: No. 683 Josephine st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
19	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Bolton
(State or country) North Carolina

FATHER

13. NAME Sam Johnson

14. BIRTHPLACE (city or town) Conway
(State or country) South Carolina

MOTHER

15. MAIDEN NAME Jaynie Ford

16. BIRTHPLACE (city or town) Boardman
(State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med College Date July 29 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED JUL 29 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to July 26, 1932

I last saw him alive on July 26, 1932. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	4/23/1932

Other contributory causes of importance: over

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.

(Address) Baltimore City Hospitals

Spec.—I-12-21—M&T—500 Blks.

E 81733 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81733

CERTIFICATE OF DEATH. 160-002

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Volunteer Hospital ST., WARD)

2-FULL NAME Magdalen Mary Catinich

(a) RESIDENCE NO. 404 S. Newkirk ST., WARD 26-37

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-29-32

7 AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Catinich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Australia

12 MAIDEN NAME OF MOTHER Machnaked

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant

(Address)

15 Filed ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 — 29 1932

17 I HEREBY CERTIFY, That I attended deceased from 7-28, 1932 to 7-29, 1932

that I last saw h alive on 7-29, 1932

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth & Injury from Forceps.

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) A. F Comey, M. D.

7-29, 1932 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md.

DATE OF BURIAL: July 29 1932

20 UNDERTAKER

ADDRESS

Commissioner of Health

A&Co. 5-31 20MB

81734 E 81734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Fardeen

(a) Residence: No. 1535 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/22/29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Thomas Fardeen

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Marie Lumbaker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Thos. Fardeen
(Address) 1535 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/29/ 19 32

19. UNDERTAKER J. F. Nolan
(Address) 3026 E. Baltimore

20. FILED 1932 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/32 19

22. I HEREBY CERTIFY, That I attended deceased from 7/28/32, 19, to 7/28/32, 19

I last saw her alive on 7/28/32, 19 death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngeal Diphtheria	7/25/32
Laryngeal Diphtheria	7/27/32
Other contributory causes of importance: Acute Diphtheritic Myocarditis	7/28/32

Name of operation Intubation Date of 7/28/32

What test confirmed diagnosis Culture Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81735

CERTIFICATE OF DEATH

53 E 81735

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 S. Charles St St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ethel Gillece

23-34

(a) Residence: No. 1819 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward E Gillece Sr.

6. DATE OF BIRTH (month, day, year) Sept. 4 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William M. Timanus

14. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

MOTHER

15. MAIDEN NAME Clara J. Martin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Edward E Gillece

(Address) 1819 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 30 1932

19. UNDERTAKER I. Frew McCully

(Address) 130 E. Fort Ave.

20. FILED 29 1932 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to July 27 1932

I last saw h alive on July 27 1932 Death is said to have occurred on the date stated above, at 6.25 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis and possible malignancy?

Date of onset

Other contributory causes of importance:

Anemia asthenia hypertrophic arthritis

Name of operation Cesarean & Cardiac ulcers Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A. Anderson M. D.

(Address) 3300 Dudley, ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

81736 59 E 81736

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St., ... Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 33 yrs. ..... mos. ..... ds.

24-35

2. FULL NAME August Mielke

(a) Residence: No. 1204 E. Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Mielke

6. DATE OF BIRTH (month, day, year) Oct 28 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Albert Mielke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hospital Records
(Address) S. Balto Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 1, 1932

19. UNDERTAKER C. Howard Evans
(Address) 38 E Fayette

Huntington Williams, N.P.

20. FILED 8-1-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25-, 1932 to 7-28, 1932

I last saw h[illegible] alive on 7-28, 1932 death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Interstitial Nephritis	?
Uremia	7-26-32
Other contributory causes of importance:	
Diabetes Mellitus	1922

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? N/O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N/O If so, specify .....

(Signed) Paul Luban M. D.

(Address) South Baltimore Gen. Hosp.

Spec.—1-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81737

E 81737

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1317 Cookesie St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Laumann

(a) RESIDENCE NO. 1317 Cookesie St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry C. Laumann

6 DATE OF BIRTH (month, day and year): Sept. 4. 1872

7 AGE: Years 59 | Months 10 | Days 23 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Martin Fries

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Henry C. Laumann 1317 Cookesie St.

15 Date: 7-29-1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1932

17 I HEREBY CERTIFY, That I attended deceased from July 15th 1929, to July 27th 1932, that I last saw h.e alive on July 26th 1932, and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis, Atrophic Nephritis

(duration) 3 yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings, urine & blood

(Signed) Harry Leibe, M. D.

7/28, 1932 Address) 1224-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemetery Date of Burial July 30 1932

20 UNDERTAKER: Margaret L. Flynn ADDRESS 1422 Light

2 9 1932

This should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item of information

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81738

CERTIFICATE OF DEATH

E 81738

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ...Ward)

Length of residence in city or town where death occurred ...yrs. 10 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Gueldon Biden

(a) Residence: No. 2437 Westport St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

25-32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28, 1931

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ... min.
	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edward Biden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Naomi Sommer

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 8/1 1932

19. UNDERTAKER Henry U. Mears & Son
(Address) 805 N. Calvert St.

Huntington Hillcrest, N.Y.

20. FILED 8/1 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932 to July 29, 1932

Last saw h. alive on July 29, 1932 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injections Diarrhea	10 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Simon Bregel M. D.

(Address) Mercy Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

81739

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 186-001

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nellie Adreon

(a) Residence: No. Cambridge Arms Apts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of ? Adreon

6. DATE OF BIRTH (month, day, year) July 6, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Ensor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Ruth Duncan

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

17. INFORMANT M. D. Hecht
(Address) Union Mem. Hospital

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date July 30 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED JUL 30 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932 to July 29, 1932

I last saw her alive on July 29, 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid leukemia (chronic)	June (?)
Fractured Femur (left)	May 28
~~Bronchial carcinoma~~ Accidental	~~July 29~~
M.K. Coroner J. Thornburg	
	over

Other contributory causes of importance:

Cystitis, Multiple carcinoma	July ?
Arteriosclerosis	?
Myocardial degeneration	?

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray, Blood examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Hecht M. D.

(Address) Union Mem. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81740

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5316 Gwynn Oak Ave. St., ... Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Phelps Hare

28-64

(a) Residence: No. 5316 Gwynn Oak Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Hare

6. DATE OF BIRTH (month, day, year) Aug. 17, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Phelps

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Indianna Lindsey

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Georgie Phelps Ogle
(Address) 138 Clarendon Ave., Pikesville

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem'ty Date July 30, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932 to July 27, 1932
I last saw her alive on July 27, 1932 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	Mch 1932
Other contributory causes of importance: Pleurisy Influenza	

Name of operation Thoracentesis Date of June & July

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. C. Lynch, M. D.

(Address) 4009 Gelbuty Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should

Spec.—0-30—A. & Co.—250 Bks

81741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81741

CERTIFICATE OF DEATH.

23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1502 W Lexington St. (Ward)

2. FULL NAME Ethel Burley

(a) RESIDENCE NO. 1502 W Lexington St. WARD 19-27
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas Burley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sallie Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Sallie Farley
(Address) 502 W Lex

15 Filed 1-10 1932 Huntington Williams, R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 32

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to July 27, 1932

that I last saw h alive on July 26, 1932

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB
Cor

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? do Phila Pa

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) ... M. D.

19 (Address) 1632 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL July 31 1932

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

81742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 81742

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 W. Fairmount Ave St. Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy Best 4-26

(a) Residence: No. 767 W. Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elma Best

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME John Best

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs E. Best

(Address) 767 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date July 30, 1932

19. UNDERTAKER Mrs Nate R. Williams

(Address) 322 Lafayette St

Huntington West Virginia

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eugene Feldman M. D.
Coroner

(Address) 2139 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81743

CERTIFICATE OF DEATH

167 E 81743

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St.) Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard B. Bandel

Charles Apts.

(a) Residence: No. 3333 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

12-49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 11, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. real estate business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin L. Bandel

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Bankard

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. John M. Bandel

(Address) Fidelity Bldg., City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemty Date July 30, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JUL 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Stroke

Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 7672 Roland

OCCUPATION is very important. See instructions on back of certificate. Exact statement in plain terms, so that it may be properly classified. INSTRUCTIONS should

M. D. B. 1268-9

E 81744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81744

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Caroline St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie Johnson Blake

(a) Residence: No. 811 N. Caroline St., ... Ward. 7-13
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Blake

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lillie Wing

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Blake
(Address) 811 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date July 30 1932

19. UNDERTAKER Mrs. R. J. Ellis
(Address) 1220 Eastland Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to July 27 1932

I last saw h.. alive on July 27 1932 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	July 22 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Dallam ..... M. D.

7-30-32 (Address) 507 Augusta Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81745 ~~2442~~ E 81745

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marion Simon

(a) Residence: No. 1722 Eastern Ave St., ... Ward. 2-4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/25/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Simon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Paul Tomski

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSP. T.H.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Jul. 30, 1932

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 403 N. Broadway St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932 to July 29, 1932

I last saw him alive on July 29, 1932 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage ileum & Meckel diverticulum	7-27-32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins Hosp.

SPECIFIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 81746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81746

CERTIFICATE OF DEATH.

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Roslyn ave WARD)

2-FULL NAME Florence Kling 15-61

(a) RESIDENCE NO. 2507 Roslyn Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
female	White	Single

a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21 1861

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER William J. Kling

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah A Stansbury

13 BIRTHPLACE OF MOTHER (City or town) Baltimore Md
(State or country)

14 Informant B. Walter Brothers
(Address) Catonsville Md

15 Filed ..... 19 Huntington W. Va. Registrar

L 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30-32

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to July 30, 1932, that I last saw h.. alive on July 30, 1932, and that death occurred, on the date stated above, at 12 40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

(duration) ..... yrs. 5 mos ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Physical & Examination

What test confirmed diagnosis?

(Signed) Arthur J Davies M. D.

7-31, 1932 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Aug 1st 1932

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificates. Exact statement of OCCU... PHYSICIANS should state ... certain plain terms, so that it may be properly classified.

AACo. 5-31 2508

E 81747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81747

X 26

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hosp. (St.) (Ward)
Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elmer G. Torbert 16-68
(a) Residence: No. Whiteford Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Marr.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Torbert.

6. DATE OF BIRTH (month, day, year) Feb 19 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME H C Torbert
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Alice Beckett
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs E G Torbert
(Address) Whitford Md

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cem. Date Aug 2. 1932

19. UNDERTAKER H. H. Watt
(Address) Forest Lawn Cem. Baltimore, Md.

20. FILED AUG 2 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY That I attended deceased from July 27, 1932 to July 30, 1932
I last saw him alive on July 30, 1932 death is said to have occurred on the date stated above, at 11.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Tuberculous Meningitis	3 wks.
Miliary Tuberculosis	?
Other contributory causes of importance: Tuberculosis Lumbar Spine	Since 1918
Psoas Abscess	6 mos

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip F. Lerner M. D.
(Address) West Baltimore General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

81748 —100 B—50L.

E 81748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. WARD

2-FULL NAME Shirley Ann Haight

(a) RESIDENCE NO 2801 Ruscombe Ave ST. 27-56 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 4, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Rusling Haight

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Vera R. Weird

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Rusling Haight

(Address) 2801 Ruscombe Ave.

15 Filed JUL 30 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Scurvy

(duration) yrs. 11 mos. 25 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy A. Thomwell, M. D., Coroner

7/30, 1932 (Address) 203 Patapsco Ave Dr. Telp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland, Md. DATE OF BURIAL: July 31, 1932

20 UNDERTAKER: Wees & Son Inc ADDRESS: Sykesville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 81749 ✓ E 81749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S. East Ave Ward) 1-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arianna H. Kraft

(a) Residence: No. 234 S. East Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Andrew J. Kraft

6. DATE OF BIRTH (month, day, year) Feb 27th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Kaleb Richardson

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Mary Hawkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Andrew J. Kraft

(Address) 234 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date Aug 2nd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED: AUG 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1931 to July 30 1932

I last saw her alive on July 3. 1932. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	12-24-31
Bronchiectasis	2-15-32
Bronchopneumonia	7-27-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Abram J Kraft M. D.

(Address) 350 Fairview

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

E 81750

1-30—M & T—100 B—50L

E 81750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST., ... WARD) 7-10

2-FULL NAME Frank Komenda

(a) RESIDENCE No. 608 N. Luzerne Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Veronica Komenda

6 DATE OF BIRTH (month, day, and year) Jan 19th 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Australia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank P. Komenda

(Address) 608 N. Luzerne Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fractured femur, fall out of bed Epileptic

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D F Herzog M. D. Coroner

7/31, 1932 (Address) 1305 E Pattenson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL 8/1/1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 St. Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 31 1932

M. D. R. 1268-9

E 81751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 81 46

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2128 E. Hoffman St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie A. Reamer

8-16

(a) Residence: No. 2128 E. Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas L. Reamer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nathaniel M. Brown

(Address) 2128 E Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Mem Date 8/1/32 19

19. UNDERTAKER Philip Sterling

(Address) 2116 Orleans St

20. FILED AUG 1 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/28/32 to 7/28/32 19 32

I last saw her alive on 7/25/32 19 32. Death is said to have occurred on the date stated above, at 7:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other Arteriosclerotic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen W. Foley, M.D.

(Address) 1503 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

1-36—M. & T.—100 B—50L

E 81752

E 81752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1705 Poplar grove STA. ..... WARD)

2-FULL NAME John V. Michalski

(a) RESIDENCE No. 215 S. Calhoun St. WARD 19-29

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teofilia

6 DATE OF BIRTH (month, day, and year) Feb 11-1857

7 AGE Years 75 Months 5 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 014

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Michalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frances Maski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Teofilia Michalski

(Address) 215 S. Calhoun St

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 3 Days

(duration) mos. ds.

Fracture Clavicle

CONTRIBUTORY (Secondary) (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 1705 Poplar Grove

Did an operation precede death? No Date of July 23

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. Blenk, M. D. Coroner

(Address) July 30 1932 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk. DATE OF BURIAL Aug 2 1932

20 UNDERTAKER Philip Herwig ADDRESS 206 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

81753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81753

CERTIFICATE OF DEATH

111-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Maryland Ave. ST., WARD) 26-42

2-FULL NAME Arthur K. Zimmerman.

(a) RESIDENCE NO 5929 Kavon Ave. Raspeburg ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Minna Zimmerman.

6 DATE OF BIRTH (month, day, and year) December 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Auto tops.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Newton Zimmerman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Gertrude Hamel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Minna Zimmerman. (wife)

(Address) 5929 Kavon Ave. Raspeburg.

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

7/30/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Aug 1st 1932

20 UNDERTAKER Frederick Loveday & Sons — ADDRESS 7401 Belair Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 81754 ✓ E 81754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-003

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 2609 E Monument St ..Ward)

2-FULL NAME James A Welsch Jr

(a) RESIDENCE NO. 2609 E Monument St. WARD 7-10
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28 1927

7 AGE: Years 4 | Months 10 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James A Welsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER May Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) James A Welsch 2609 E Monument St

15 [illegible] 1932 ... 19 Hunting to Williamsville, N.Y.
Registrar

JUL 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to July 29 1932

that I last saw him alive on July 29 1932

and that death occurred, on the date stated above, at 335 A m

The CAUSE OF DEATH* was as follows:

Chronic Edado Myocarditis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilton M. D.

7/29 1932 (Address) 315 S. Highlandave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Aug 2 1932

20 UNDERTAKER: Geo Schilling & Son — ADDRESS: 1124 E Monument

PHYSICIANS should state DISEASE CAUSING DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81755

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Simon Blondheim 14-20

(a) Residence: No. 2036 Eutaw Place, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amelia Greenefeld

6. DATE OF BIRTH (month, day, year) Dec. 26, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Store

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hartz Blondheim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Goodman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address) Maryland Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Bet. Friends Soc. Date Aug. 1, 1932

19. UNDERTAKER Baird Goodelman & Son

(Address) 1902 Eutaw Place

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to July 30, 1932

I last saw him alive on July 30, 1932 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis with oedema	1930
Other contributory causes of importance: Arteriosclerosis & Uremia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. D. Braun M.D.

(Address) Maryland Gen. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81756 ✓ E 81756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M 210-001

REGISTERED NO. 1568

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ~~Maryland Ave.~~ ~~23rd~~ St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME George Wessels Humphrys

(a) RESIDENCE No. 1813 Dukeland St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Bemis Humphrys

6 DATE OF BIRTH (month, day, and year) Nov. 11. 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	28	8	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): United Railway
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Benjamin C. Humphrys

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Isabelle Wilmot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant Miss Agnes Wilmot

(Address) 2731 W. North Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Intra Cranial Hemorrhage
(duration) ..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Automobile Accident
(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Maryland Ave & 23rd St

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? none {motorcycle he was riding struck auto}

(Signed) Joseph Pokorny Coroner, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Junction Park — DATE OF BURIAL Aug 2 1932

20 UNDERTAKER W. J. Tickner & Son — ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

M. D. F. 1932

E 81757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81757

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Carsdale Ave St. 15 Ward) 63

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Humbert Chevee (Chevee)

(a) Residence: No. 3502 Carsdale Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed.

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Chevee

6. DATE OF BIRTH (month, day, year) Nov. 6 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst General Agent Passenger 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Michigan Central 01 Railroads

10. Date deceased last worked at this occupation (month and year) Nov 30 1929

11. Total time (years) spent in this occupation 54 yr

12. BIRTHPLACE (city or town) (State or country) Greenfield Ohio

FATHER

13. NAME James A. Chevee

14. BIRTHPLACE (city or town) (State or country) Goshen New York.

MOTHER

15. MAIDEN NAME Carrie B. Wright

16. BIRTHPLACE (city or town) (State or country) Chillicothe Ohio.

17. INFORMANT Beulah A. Chevee

(Address) 3502 Carsdale Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Blaustein Abm Date 7/31/32

19. UNDERTAKER Jos. Fairbanks & Sons

(Address) North & Eden

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 25 1932 to July 30 1932

I last saw him alive on 7-25 1932. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unknown

Other contributory causes of importance:

none

Name of operation none Date of ...

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Riland, M. D.

(Address) 732 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81758

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4828 Park Hts Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or Town where death occurred 70 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Buchta

(a) Residence: No. 4828 Park Hts Ave St., Ward. 27-56

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth O. Buchta

6. DATE OF BIRTH (month, day, year) Aug 18 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo P. Buchta

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte R. Blocker

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mrs Elizabeth O. Buchta

(Address) 4828 Park Hts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Cem Date Aug 2 1932

19. UNDERTAKER W. D. Tschudy & Son

(Address) 2 Reisterstown Rd

20. FILED AUG 1 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from about 2 prior to July 30 1932

I last saw him alive on July 29th 1932 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Following a Cerebral Hemorrhage	

Other contributory causes of importance:

age	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W K Gormley M. D.

(Address) 1111 W. Saratoga St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Purnell O. Bundick

E 81759 ✓ E 81759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1367 N Calhoun ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. P. O. Bundick

15-23

(a) RESIDENCE No. 1367 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~ Laura Bundick

6 DATE OF BIRTH (month, day, and year) July 18. 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90		7 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Eastern Shore Va
(State or country)

PARENTS

10 NAME OF FATHER Gillick Bundick

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Laura Bundick
(Address) 1367 N. Calhoun St

15 Filed ..... 1932 ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-1932

17 I HEREBY CERTIFY, That I attended deceased from July 26th, 1932, to July 29th, 1932,

that I last saw him alive on July 29th, 1932,

and that death occurred, on the date stated above, at 10:00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Dell M. D.

, 19 (Address) 1328 N. Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 8/1 1932

20 UNDERTAKER Saml. W. Grace & Son

ADDRESS 628 W. Fulton

TION is very important. See instructions on back of certificates.

Exact statement of OCCUPA-

M. D. B. 1268-9

E 81760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81760

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 46

CITY OF BALTIMORE: (No. Baltimore Md St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bell — 27-55

(a) Residence: No. 5402 Denmore Avenue Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Bell

6. DATE OF BIRTH (month, day, year) June 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

040

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME Henry Bell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maranda Johnson

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT (Address) Baltimore City Hospital Record

18. BURIAL, CREMATION, OR REMOVAL Place St. Thomas Cem. Date July 31 1932

19. UNDERTAKER Samuel H. Hensley (Address) 518 N. Bond St.

20. FILED JUL 31 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1932 to 7-28 1932

I last saw h[illegible] alive on 7-28 1932 Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-23-32
Carcinoma of Stomach	? 1
Other contributory causes of importance: Arteriosclerosis Hypertension Senility	4-29-32 ? ?

Name of operation None Date of

What test confirmed diagnosis? Clinical and Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

7-29-32 (Signed) Elmer Highberger M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81761

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N. Bond Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Eager

(a) Residence: No. 808 N. Bond Ward. 7-13

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. ~~If married, widowed, or divorced~~ (or) WIFE of: Jas. Jackson (Common Law)

6. DATE OF BIRTH (month, day, year): —

7. AGE: Years 59 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 41

12. BIRTHPLACE (city or town) (State or country): Ind

FATHER

13. NAME: Wm. Eager

14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER

15. MAIDEN NAME: Sunbrown

16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT: Mr. J. Jackson Son

(Address) 808 Bond

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem Date Aug 1st 1932

19. UNDERTAKER: Samuel Hershey & Son

(Address) 728 N. Bond St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to July 29 1932

I last saw her alive on July 29 1932 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Haagus M. D.

(Address) 675 Edmondson

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81762

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH Balto City Hospitals — Registered No. 25-72

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patricia Breen

(a) Residence: No. 1211 Annapolis Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Eleanora Breen

6. DATE OF BIRTH (month, day, year): Sept 29 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11 10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 + 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: Alexander Breen

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Johanna McDonough

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Date: 7-31 . 1932

19. UNDERTAKER (Address): J. Fraher & Son 1310 Light St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7 . 1931 to 7-29 . 1932

I last saw her alive on 7-29 . 1932 Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Left Inguinal Hernia	
External Hemorrhoids	?
Arteriosclerosis	

Other contributory causes of importance:

Anemia	7-26-32

Name of operation: no Date of: —

What test confirmed diagnosis? C.P. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Luther E. Lieste, M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 81763

81763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 160-002

REGISTERED NO. 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt ST., WARD)

2-FULL NAME Baby Boy Bayley

(a) RESIDENCE NO. 422 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4h yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of George W. Bayley

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George W. Bayley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eureka A. Schleicher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Jacob M. Schleicher

(Address) 422 N. Pulaski St

15 Filed 1 1932 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to July 31, 1932, that I last saw him alive on July 31, 1932, and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:

Breech extraction after mother in labor 2 1/2 hrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Puney Baby

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No Record

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination mother.

(Signed) Morris B. Schwartz, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 8/1 1932

20 UNDERTAKER J. M. Cook

ADDRESS 1212 E. Fayette

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81764

CERTIFICATE OF DEATH

79-001 E 81764

Registered No. .....

1. PLACE OF DEATH Balto City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 24 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallace J. Johnson 10-14

(a) Residence: No. 814 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29-1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 8-1 1932

19. UNDERTAKER Edward Bryan
(Address) 1631 Orleans St.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29- 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1932 to 7-29 1932

I last saw him alive on 7-29 1932 Death is said to have occurred on the date stated above, at 2-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Rt Eye	7-1-32
Other contributory causes of importance:	
Streptococcic Meningitis	7-15-32

Name of operation NO Date of .....

What test confirmed diagnosis Spinal Examination Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Luther E. Little M. D.

(Address) Balto City Hospls

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81765 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81765

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Length of residence in city or town where death occurred ...yrs. 10 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Upton Oiser

(a) Residence: No. 1618 E. Fort Ave. St., Ward. 24-35

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 22 1931

7. AGE: Years 0 | Months 11 | Days 9 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Upton Alexander Rolland Oiser

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Helen Alexander

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs. Helen Oiser 1618 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date Aug 1 1932

19. UNDERTAKER (Address): Chas. A. Seberin 1501 E Fort Ave

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/31 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29 1932 to July 31 1932

I last saw him alive on July 31 1932. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Marasmus	birth
2.	
	over

Other contributory causes of importance:

1. Pneumonia
2. Infantile Excema

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of PHYSICIANS should

A&Co. 5-11 250B

E 81766 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81766

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Mc Gettigan 70-14

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Mc Gettigan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Mc Kearn

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 2 1932

19. UNDERTAKER Pita Undertaking Co
(Address) 14 Greenmount Ave

20. FILED Aug 1 1932 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28th 1932 to July 30th 1932
I last saw her alive on July 30 1932 death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 28th 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Mc Cahan M. D.
(Address) 111 W Monument

M. D. B. 1268-9

E 81767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81767

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Not Known How long in U. S. If of foreign birth?.... yrs. .... mos. .... ds.

2. FULL NAME Grover Giddings

(a) Residence: No. 1502 Clipper Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

13-57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7 1924

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8	not Known		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME Grover Giddings

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Cameron

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Grover Giddings (Address) 1502 Clipper Rd.

18. BURIAL, CREMATION, OR REMOVAL St Mary's Hampden 8/2 1932

19. UNDERTAKER Thomas E. Love (Address) 3615-17 Elderslie Ave

20. FILED AUG 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to July 31, 1932

I last saw him alive on July 31, 1932 Death is said to have occurred on the date stated above, at 5:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute with perforation and generalized peritonitis	7/24/32
Bronchopneumonia Edema	7/30/32

Other contributory causes of importance:

Name of operation Appendectomy Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Gowle, M. D.

(Address) Union Mem. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81768 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81768

CERTIFICATE OF DEATH 54-002

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Hanover St., ...Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Grant

(a) Residence: No. 1524 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J Grant

6. DATE OF BIRTH (month, day, year) June 6 1865

7. AGE Years 67 | Months 1 | Days 24 | If LESS than 1 day ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Godfrey Mack

14. BIRTHPLACE (city or town) (State or country) Fort Knox

MOTHER

15. MAIDEN NAME Margaret Barlop

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles J Grant

(Address) 1524 Hanover

18. BURIAL, CREMATION, OR REMOVAL Date Aug 2. 1932

Place Western Cem

19. UNDERTAKER A. Howard Evans

(Address) 38 E Hoffman

Registrar.

FILED AUG 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20 1932 to July 30 1932

I last saw HER alive on July 29 1932 Death is said to have occurred on the date stated above, at 8:30 Am.

The principal cause of death and related causes of importance were as follows:

Fibroid Tumor of Uterus — Date of onset 7/25/30

over

Other contributory causes of importance:

Exhaustion 7/28/32

Name of operation none Date of no

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If yes, specify

(Signed) Robt Campbell M. D.

7/31/32 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Please write plainly, so that it may be properly classified.

M. D. B. 1268-2

E 81769

E 81769 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 N. Dolphin St. (Ward) 11

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Mary Littleton 11-24

(a) Residence: No. 329 N Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Silas C Littleton

6. DATE OF BIRTH (month, day, year) January 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer's Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester Co Md

FATHER

13. NAME Samuel Richardson

14. BIRTHPLACE (city or town) (State or country) Worcester Co Md

MOTHER

15. MAIDEN NAME Sophronia Bradley Tyler

16. BIRTHPLACE (city or town) (State or country) Worcester Co Md

17. INFORMANT Silas C Littleton
(Address) 329 Dolphin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date Aug 2 1932

19. UNDERTAKER J. Frazier Davis & Sons
(Address) 2 Reisterstown Road

20. FILED AUG 1 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27th, 1932, to July 29th, 1932. Last saw her alive on July 29th, 1932. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Coma and Acute Ascending Pyelo-Cistitis	7/22/32
Other contributory causes of importance: Age and Confine- ment to bed	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr William A Gessick M. D.

(Address) 1700 Linden Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1466-3

E 81770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81770

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 314 N. Broadway St., ... Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Corvin Sylvester Wingate

7-9

(a) Residence: No. 314 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia G. Wingate

6. DATE OF BIRTH (month, day, year) July 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. State

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Gilbert Wingate

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Pricilla Mills

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Virginia Wingate (Wife)
(Address) 314 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Cambridge Md. Date Aug. 2. 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander
(Address) Baltimore St. & Broadway

20. FILED Aug 1 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from July - 1931 - to July 31 - 1932
I last saw h— alive on July 28 - 1932. Death is said to have occurred on the date stated above, at 9.00 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Heat Exhaustion

Name of operation None - Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. C. Bowles, M. D.

(Address) 125 E. Biddle

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81771

CERTIFICATE OF DEATH

82-001

E 81771

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1753 N Gay St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Archer Hilditch

8-16

(a) Residence: No. 1753 N Gay st ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Hilditch

6. DATE OF BIRTH (month, day, year) May 19 th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheel maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 30 yrs

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Hilditch

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Morgan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Eva Hilditch

(Address) 1753 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 1 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to July 30 1932

I last saw him alive on July 30 1932. Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 4 '32

Other contributory causes of importance:

Arterial Sclerosis	

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robt Davis M. D.

(Address) 936 Monument st

OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81772

E 81772

CERTIFICATE OF DEATH

160-002

Registered No. 4-30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Bowman

(a) Residence: No. Arondale, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 28, 1932

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Richard Bowman

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Margaret Squirrell

16. BIRTHPLACE (city or town) (State or country): Fenton Chalk Ind.

17. INFORMANT: Margaret Bowman

(Address) Arondale, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Unknown Md. Date Aug 1 19 32

19. UNDERTAKER

(Address)

20. FILED Aug 1 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28th 1932 to July 28th 1932

last saw her alive on July 28th 1932. Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Enteritis

asphyxia.

Other contributory causes of importance: Prolonged labor.

Name of operation None Date of

What test confirmed diagnosis Clinical? there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lamb P. Rogerson M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1268-0

E 81773 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81773

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Canal St., ...Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaiah White

(a) Residence: No. 22 Canal St., Ward. 11-24

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col. | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE — Years 37 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Dept Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Aug . 19 32

19. UNDERTAKER

(Address)

20. FILED Oct 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 .. I last saw him alive on August 1 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide Gunshot wound of pistol wound of Chest	Sudden

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leith Coroner, M. D.

(Address)

INSTRUCTION IS very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81774

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81774

CERTIFICATE OF DEATH

117-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St.) ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Jackson

(a) Residence: No. 920 Madison St., Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

11-24

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29 '92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	39	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Jake Jackson

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Anna Rufus

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med. College Date Aug. 1 19 32

19. UNDERTAKER

(Address)

20. FILED Aug 1 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1932. 19... to 7-27-1932 19...

I last saw h(M) alive on July 27, 1932 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	1917
Localized Peritonitis	7-22-32

Other contributory causes of importance:

Gastric Dilatation	7-15-32
Cardiac Embarrassment	

Name of operation Gastro-Enterostomy Date of 7-24-32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caleb Bowers M.D. M. D.

(Address) Maryland General Hosp.

INSTRUCTION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81775

HEALTH DEPARTMENT—CITY OF BALTIMORE E 81775

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4940 Eastern Ave. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Goffney. 17-26

(a) Residence: No. 750 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Middle Creek, Va.

FATHER

13. NAME John Goffney

14. BIRTHPLACE (city or town) (State or country) Middle Creek, Va.

MOTHER

15. MAIDEN NAME Lavina Gardner.

16. BIRTHPLACE (city or town) (State or country) Middle Creek, Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. Med College Date Feb'y 1st, 19 32

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-10-32, 19 , to 7-29, 1932

I last saw h[illegible] alive on 7/29, 1932. Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	2-1-32
Other contributory causes of importance:	
Pulmonary Hemorrhage	7/18/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stacy, M. D.

(Address) City Hospitals.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F. 1776

E 81776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81776

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 Lawrence St., ... Ward)

Length of residence in city or town where death occurred 26 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George C. Matthews

(a) Residence: No. 553 Lawrence St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

14-20

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Matthews

6. DATE OF BIRTH (month, day, year): June 18, 1880

7. AGE: Years: 52 | Months: 1 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stutzler Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Geo. C. Matthews

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Margaret Hillis Hickson

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary Matthews
(Address) 553 Lawrence St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Date Aug 3 1932

19. UNDERTAKER: Samuel J. Helmsley
(Address) 578 N. Biddle St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to July 31, 1932

That I last saw him alive on July 31, 1932 Death is said to have occurred on the date stated above, at 4-15 P.M.

23. The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency

Date of onset .....

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Straughan M. D.

(Address) 825 N. Fremont Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81772

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81772

CERTIFICATE OF DEATH

X 44-003

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cornelius Wallace

(a) Residence: No. Lathian Rd St., ... Ward. 19

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-23-21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Cornelius Smith

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sarah Carter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md College Date Aug 1 19 32

19. UNDERTAKER [illegible] (Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1932 to July 30, 1932

I last saw h. alive on July 30, 1932 Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tick Bite Fever	7-21-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-9

E 81778 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81778

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 W Biddle St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Weimer — 11-24-

(a) Residence: No. 308 W Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml

4. Color or Race: Cau

5. Single, Married, Widowed, or Divorced (write word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Wid

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Police Dept Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Mt Auburn Date Aug 1 ... 19 32

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Lurk Coroner ... M. D.

(Address)

Exact statement of ... property classified. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81779

E. 81779

CERTIFICATE OF DEATH

46

Registered No. 7-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ricka Stein

(a) Residence: No. Sinai Aged Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 30, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	71	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Julius Stein

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Bettie Weil

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Cohen
(Address) Sinai Home

18. BURIAL, CREMATION, OR REMOVAL
Place Ohel Shalom Date Aug. 2, 1932

19. UNDERTAKER Uhlard Sonnheimer & Son
(Address) 1902 Eutaw Place

20. FILED Aug 1, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931 to 8-1, 1932

I last saw her alive on 7-31, 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-26-32
B	
Other contributory causes of importance:	
Carcinoma of Rectum	unknown

Name of operation none Date of

What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. M. Cohen M. D.

(Address) Sinai Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of any occupation formerly followed, even if only for a short time, should be properly classified.

M. D. H. 1268-9

E 81780 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH 194-002 E 81780

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 S. Kenwood Ave St., 1 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

1-3

2. FULL NAME Earnest Ratke.

(a) Residence: No. 642 S. Kenwood Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ratke.

6. DATE OF BIRTH (month, day, year) March 1 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherwood Oil Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Buck (Daughter)
(Address) 642 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Aug. 2 1932

19. UNDERTAKER Lilly & Zuber Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30/1932

22. I HEREBY CERTIFY, That I attended deceased from June 4. 1932 to July 30 1932

I last saw him alive on July 30. 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Femoral Vein	6-4-32
Pulmonary Embolism	6-27-32
Cerebral Embolism & Coronary Embolism	7-30-32
Accidental Death	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury ..... 19.....

Where did injury occur? At work
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify Injured Left Groin

(Signed) Abram F. Strahan M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81781 E 81781

CERTIFICATE OF DEATH

121 E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Klijanowicz or Klien. 26-1

(a) Residence: No. 3201 Dillon St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single) Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30 1914.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	17	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter KLIJANOWICZ

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Stella Maraski.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Walter KLIJANOWICZ.

(Address) 3201 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Aug. 3 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26-32 1932 to July 30 1932

I last saw h.. alive on July 30th 1932 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix — Peritonitis —	7-24-32

Other contributory causes of importance:

Toxemia

Name of operation Appendectomy & Drainage Date of 7/26/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ch Contract M. D.

(Address) St Joseph's Hos

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-31 250B

81782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81782

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Taylors Lane St., ... Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Cole

(a) Residence: No. 1400 Taylors Lane St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Cole

6. DATE OF BIRTH (month, day, year) May 6 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME David Crowder
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Agnes Chambers
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Geo Cole
Address 400 Taylors Lane Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Waters Mem Cem Date Aug 2 1932

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED Aug 1 1932 Hunter Williams Registrar

1 - 1022

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to July 30, 1932
I last saw h[illegible] alive on July 30, 1932 death is said to have occurred on the date stated above, at 11 P, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left foot	14 days
	over
Other contributory causes of importance:	
Infected left middle toe	34 days

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) Marshall B. Worst M. D.
(Address) Catonsville Md

OCCUPATION is very important. See instructions on back of certificate. Exact statement of [illegible] may be properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81783

E 81783

CERTIFICATE OF DEATH.

82-001 18

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 4312 Main Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etienne Charles Cary 28-64

(Residence in Baltimore: No. 4312 Main Ave St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. 11, 1853. (Month) (Day) (Year)

7-AGE. 78 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, John B. Cary

11-BIRTHPLACE OF FATHER (State or Country). France

12-MAIDEN NAME OF MOTHER Claudine Berger

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Marie Muck

(Address) 4312 Main Ave

15- Huntington Williams, M.D. Registrar.

Filed ....., 191..

1 - 1932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1932, to July 31 1932.

that I saw h.. alive on July 31 1932.

and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carbuncle Hemorrhage

(Duration) yrs. mos. ds.

Edward P. Smith M. D.

(Signed) 920 N. Calvert St.

July 31, 1932 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, Aug 2, 1932

20-UNDERTAKER Martin Fahey Sons

ADDRESS 1827 N. Howard St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81784

E 81784

CERTIFICATE OF DEATH

191

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Paca St., ... Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosalie Matthias

(a) Residence: No. 923 S. Paca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, ~~Married, Widowed~~, or ~~Divorced~~ (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Matthias

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Neuhauser

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Julia F. Matthias
(Address) 923 S. Paca

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cy. Date Aug 2, 1932

19. UNDERTAKER Jos Jourdan & Son
(Address) 217 S. Carey

20. FILED Aug 1 1932 Huntington Williams, N.D. Registrar.
R.O.H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 32, 19..., to July 30 32, 19...; I last saw h... alive on July 30 32, 19...; death is said to have occurred on the date stated above, at 3:0... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Prostration	July 29 32
Other contributory causes of importance: Arteriosclerosis	May 10 32
Arterial Tension	/ /

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Sigurd Dam, M. D.

(Address) 922 Madison Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... is properly classified.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81785 — 262655 — E 81785

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Mosburg

(a) Residence: No. 118 S Loudon ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida M. Mosburg

6. DATE OF BIRTH (month, day, year): 1-5-76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bartlett & Hayward

10. Date deceased last worked at this occupation (month and year): March 21, 1932

11. Total time (years) spent in this occupation: 33 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Arthur Mosburg

14. BIRTHPLACE (city or town) (State or country): Cumberland Md

MOTHER

15. MAIDEN NAME: Martha Lee

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place: Western Cemetery Date: Aug. 3, 1932

19. UNDERTAKER: Joseph Cook
(Address) 1003 E. Baltimore St.

20. DATE RECEIVED: 1932 — Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4 1932 to July 31 1932

I last saw him alive on July 31, 1932. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	3 months
Uremia-Lesion	
Myocardial insufficiency & failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Padget, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81786

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81786

CERTIFICATE OF DEATH

Registered No. 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth O. Burton

(a) Residence: No. 137 Winters Ln. Edmondville and 14-20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col.

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus

6. DATE OF BIRTH (month, day, year) June 12-1875

7. AGE: Years 57 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 590

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thurlow Bennett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Toomer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sue Bennett 4 W Winters Ln

(Address)

18. BURIAL, CREMATION, OR REMOVAL Eastern Star Cem Date Aug 3. 1932

19. UNDERTAKER Easton Son

(Address) Easton, Md.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction 2 Days

Fecal

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Polk Coroner ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

Spec.—1-10-21—M&T—1500 Bks.

B 81787

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81787

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 525 S. Dallas ST., WARD) 3-4

2-FULL NAME Anthony . Palasik

(a) RESIDENCE NO. 525 S. Dallas ST., WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Gregory . Palasik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank . Palasik Son

(Address) 2104 Eastern Ave.

15 Filed 1-1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1932

17 I HEREBY CERTIFY, That I attended deceased from 7/13 . 1932 . to 7/31 . 1932 .

that I last saw him alive on 7/30 . 1932 .

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis - cerebral thrombosis

chronic arthritis nephritis

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia arteriosclerosis & heart failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?...

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jay D Ambridge, M. D.

. 19 (Address) 1623 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary Cem. DATE OF BURIAL Aug 3 1932

20 UNDERTAKER John M Weber ADDRESS 401 Chester

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81788

B 81788

CERTIFICATE OF DEATH. 122-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 S. Regester St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philips, Leel Lawson

(a) RESIDENCE NO. 24 S. Regester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13-26

7 AGE: Years 6 | Months | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER John Corlett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ella. E. Lawson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Bertha Woolford

(Address) 224 N. Caroline St

15 Filed 8-1-1932 Huntington Williams Registrar

U. S. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30-32 19

17 I HEREBY CERTIFY, That I attended deceased from 7-29- 1932, to 7-30- 1932,

that I last saw h[illegible] alive on 7-29- 1932,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 1 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Conger, M. D.

8-1- 1932 (Address) 611-4 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem Date of Burial 8-2 1932

20 UNDERTAKER: Jas. Wm. Skinner ADDRESS 1625 E. Fay

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

Dr Swanson 2345 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81789

CERTIFICATE OF DEATH

59

B 81789

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2956 Presstman St Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M Eaveckson

(a) Residence: No. 2956 Presstman St., ... Ward. 16-67

(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Eaveckson

6. DATE OF BIRTH (month, day, year) Feb. 2. 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Supplies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) 0 spent in this occupation 43

12. BIRTHPLACE (City or town) Baltimore (State or country) Md

FATHER

13. NAME Vincent O Eaveckson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Matilda Price

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Vincent O Eaveckson

(Address) 2956 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Aug 3 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Fort Ave

20. FILED ... 19... Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to July 31, 1932

last saw h m alive on July 31 1932 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	3 yrs
Diabetes	3 yrs
Cerebral Infection (multiple)	
Other contributory causes of importance:	
Secondary Anemia	2 mos

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 340 W Lanvale

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81790 B 81790

CERTIFICATE OF DEATH 94-001

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gorsuch 22-33

(a) Residence: No. 212 E. Montgomery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada Gorsuch

6. DATE OF BIRTH (month, day, year) Sept 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sinks Dept. Eng.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME J. C. Gorsuch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Virginia Holton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Louis Gorsuch

(Address) 3420 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date 8/2 1932

19. UNDERTAKER Wm Roop

(Address) Hollander Funeral Home

20. FILED 8-1-1932 1932 RFA

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 1932

I last saw h alive on 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Uremia - Cystitis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne Tyler Coroner M. D.

(Address) 2757 Eastern Ave

Instructions on back of certificate. See instructions on back of certificate.

M. D. B. 1268-9

81791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

81791

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MRS. LILLIAN WHITLOCK.

(a) Residence: No. 31 ABINGTON St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	WHITE	WIDOWED.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) MYERS F WHITLOCK.

6. DATE OF BIRTH (month, day, year) MAR 27, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME WM. S. TEMPLE

14. BIRTHPLACE (city or town) (State or country) BALTO MD.

MOTHER

15. MAIDEN NAME ANNA WHISTLER

16. BIRTHPLACE (city or town) (State or country) BALTO MD.

17. INFORMANT MRS. ANNA MACEWEN

(Address) 31 ABINGTON AVE

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 8/2 1932

19. UNDERTAKER Wm. C. Ford & Son

(Address) 1212 E. Fayette St.

20. FILED 1 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from JULY 28, 1932 to JULY 31, 1932

I last saw her alive on JULY 31, 1932 Death is said to have occurred on the date stated above, at 9:32 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE MYOCARDIAL INSUFFICIENCY	?
Other contributory causes of importance:	
CORONARY OCCLUSION	?
UREMIA	7/28/32

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John S. Fowler M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250E

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81792 B 81792

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 121 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lillman

15-60

(a) Residence: No. 2220 Clifton Ave St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Nov 12-1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	50	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Pat Lillman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah E Nolt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Tillman
(Address) 2220 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Baltimore Md Date 8/2 19 32

19. UNDERTAKER Wm Cook
(Address) 1210 Pont St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 . 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16 . 1932 to July 31 . 1932

I last saw h... alive on July 31 . 19 .. death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mechanical Obstruction	7/18/32
Acute Appendicitis - Ruptured Generalized Peritonitis	7/14/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate. Last statement of

M. D. B. 1268-9

81793 HEALTH DEPARTMENT—CITY OF BALTIMORE 81793

CERTIFICATE OF DEATH

114-002

Registered No.

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., A 3 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mns. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter O Krasinski

(a) Residence: No. 1452 Andre St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Steven Okrasinski

14. BIRTHPLACE (city or town) Lithuania
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Lithuania
(State or country)

17. INFORMANT Mrs. Okrasinski
(Address) 1452 Andrea St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Aug 2 . 1932

19. UNDERTAKER John M Welby
(Address) 401 S. Chester St

20. FILED AUG 1 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16 . 1932 to July 30 . 1932
I last saw him alive on July 30 . 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	11/31

Other contributory causes of importance:

Alcoholism

Name of operation Thoracotomy Date of 2/10/32

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. R. Cohen . M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate. Give statement of

M. D. B. 1268-9

81794 HEALTH DEPARTMENT—CITY OF BALTIMORE 81794

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman H. Block

(a) Residence: No. Irvington Ave., St., Ward. 4-30

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irma M. Block

6. DATE OF BIRTH (month, day, year) July 19-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Parker in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Block

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Irma M. Block

(Address) 1927 Griffis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Aug 4, 1932

19. UNDERTAKER George L. Schnaal.

(Address) 2104 Hindenburg Ave

20. FILED Aug 2 1932, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932 to Aug. 1, 1932

I last saw him alive on Aug. 1, 1932. Death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis; peritonitis	7/24/32
Other contributory causes of importance:	
Myocardial failure,	8/1/32

Name of operation Appendectomy Date of 7/31/32

What test confirmed diagnosis? operative Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emil J. C. Holdenbrand M. D.

(Address) University Hospital

Spec.—1-12-23—M&T—500 Bks.

B 81795 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81795

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Vincent ST., WARD)

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jones.

(a) RESIDENCE No. 826 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or..min.
	23	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Berne N. C.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Annie Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Elsie Willis

(Address) 826 Vincent

15 Filed 2 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1932.

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 31, 1932

that I last saw him alive on July 30, 1932

and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam. only

(Signed) E. H. Pigott, M. D.

8/1, 1932 (Address) 1536 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 8/3 1932

20 UNDERTAKER Saml. W. Ehrlich & Son

ADDRESS 1851 W. Baltimore

Spec.—1-12-23—M&T—500 Bks. See instructions on back of certificates. Last statement of OCCUPA- is very important

M. D. E. 1268-9

John M. Ewing ✓

81796

HEALTH DEPARTMENT—CITY OF BALTIMORE

81796

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2119 Chelsea Terrace St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Ewing

15-61

(a) Residence: No. 2119 Chelsea Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jeremiah Ewing

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fannie R. Hill

(Address) 2119 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 8/3/32 19

19. UNDERTAKER Richard E. Mayer

(Address) 1620 Ashburton St.

20. FILED AUG 2 - 1932 Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1932 to July 31st 1932

I last saw h.. alive on July 31st 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	3/1/32
Other contributory causes of importance:	
acute dilatation of heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Jenkins M. D.

(Address) 1192 Mullin

OCCUPATION is very important. See instructions on back of certificate. Last statement of

B 81797

263420

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81797

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys Strother

(a) Residence: No. 1519 Barclay St., ... Ward. 12-19

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-6-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4 mo	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Strother

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ethel Myers

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Gunico Md Date Aug 2, 1932

19. UNDERTAKER Mrs. R. A. Elliott (Address) 1725 Ashland ave.

20. FILED Aug 2 1932 Hamilton H. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to July 30, 1932

I last saw her alive on July 30, 1932 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Dehydration
Inanition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno. D. Washington M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

B 81798 Co.—200 Bks.

B 81798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

1-PLACE OF DEATH Provident Hospital REGISTERED NO.

City of BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Sisco 14-20

(a) RESIDENCE NO. Rock Hall, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 90

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md Kent Co

(State or country)

PARENTS

10 NAME OF FATHER Perry Sisco

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Sisco

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Provident Hospital Records

(Address)

15 Filed 2-1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1932, to August 1, 1932,

that I last saw h.. alive on August 1, 1932,

and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Uremia Retention Tetanus

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

not known

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Smith Hygeia, M. D.

, 19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sharetown Cemetery Date of Burial August 4 32

20 UNDERTAKER Asbury Henry ADDRESS Rhodestown Md

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

81799

HEALTH DEPARTMENT—CITY OF BALTIMORE

81799

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Mercy Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry F. Tolley

(a) Residence: No. 5905 Moran Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

26-42

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: not known.

6. DATE OF BIRTH (month, day, year): Sept. 7- 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63 yrs	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 03

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Tolley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Lambdin

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Daughter (Mrs. Byrd)
(Address): Same.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 3rd 1932

19. UNDERTAKER Leo G. Leahy
(Address) 1723 N. Patterson Park Ave.

20. FILED ..... 19..... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31 32

22. I HEREBY CERTIFY, That I attended deceased from June 12 . 19 32 to July 31 . 19 32

I last saw him alive on July 30 19 32 Death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastases	about 1930
Other contributory causes of importance: Perirectal abscess	7-19-32

Name of operation: Prostatectomy (Partial) Date of 7-7-32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

B 81800

B 81800

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Curtis

(a) RESIDENCE NO. 1105 W Lexington St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1887

7 AGE: Years 45 Months 2 Days 15

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) Marion

(State or country) Maryland

10 NAME OF FATHER Zacca Curtis

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Marion Md.

PARENTS

14 Informant Mrs Katie Curtis

(Address) 1105 W. Lexington St

15 Filed 19 Registrar

AUG 2 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1932

17 I HEREBY CERTIFY, That I attended deceased from July 27 1932 to July 30 1932

that I last saw h. alive on July 30 1932

and that death occurred, on the date stated above, at 12 15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of July 30, 1932

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) B Harris M. D.

7/30 1932 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marion Maryland Date of Burial August 3. 1932

20 UNDERTAKER: Joseph A. Lively ADDRESS 409 N. Mount St.

Director

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state CAUSE

M. D. B. 1268-9

B 81801 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81801

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH Good Shepherd Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St. St., ... Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Lewis jr. — 17-24

(a) Residence: No. 1326 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah A.

6. DATE OF BIRTH (month, day, year) Jan 11-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME William T. Lewis

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Sarah A. Black

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mrs. Sarah Lewis
(Address) 1326 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8/2/32

19. UNDERTAKER Mrs George R. Holland
(Address) 1634 Druid Hill ave
Huntington Hospital, Mass

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 1932 to July 30 1932

I last saw him alive on July 30 1932 Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho-pneumonia	7-21
Myocardial failure	7-29
Other contributory causes of importance:	
Hepatitis	
Gastro-enteritis	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Marshall M. D.

(Address) 1838 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

E 81802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81802

CERTIFICATE OF DEATH

46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3048 Armnah Ave WARD)

2 FULL NAME J. William Clayton

(a) RESIDENCE NO. 3048 Armnah Ave WARD 16-70

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Braun Clayton

6 DATE OF BIRTH (month, day, and year) July 30 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bobbs Md.

PARENTS

10 NAME OF FATHER James M. Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edwin C. Clayton
(Address) 3740 Beech Ave.

15 Filed ....., 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1932.

17 I HEREBY CERTIFY, That I attended deceased from July 1st 1932. to July 31. 1932.

that I last saw h[illegible]live on July 31. 1932.

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray & Exam.

(Signed) W. Michel M. D.

July 31 1932 (Address) 2901 Edmondson Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk. DATE OF BURIAL Aug. 2 1932

20 UNDERTAKER Henry A. Reitzke ADDRESS 1101 Edmondson Ave

AUG 2 1932

Registrar of Records, Balto.

Note—It is very important. See instructions on back of certificates. Exact statement of OCCUPA-

M.D. B. 1268-9

B 81806 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81803

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Kotis

(a) Residence: No. 623 N. Decker Ave Ward. 7-11

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 18, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Kotis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Catherine Haines

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Kotis

(Address) 623 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date Aug. 1932

19. UNDERTAKER Harry A. Diffenderffer

(Address) 4101 Edmondson Ave

20. FILED AUG 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932 to Aug. 1, 1932

I last saw h[illegible] alive on Aug 1, 1932. Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset July 29, 1932

Other contributory causes of importance:

Septicemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

INSTRUCTION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

B 81804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81804

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 526 N. Franklin St., St. ..... Ward)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 17 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillips H. Foul 17-25

(a) Residence: No. 526 N. Franklin St., St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie H. Foul

6. DATE OF BIRTH (month, day, year) Oct. 14. 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dr. Samuel T. Foul
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Chunn
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Foul
(Address) 3404 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date Aug 4. 1932

19. UNDERTAKER H. W. H. Kuethe
(Address) 401 Eastern Avenue

AUG 2 - 1932

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4/32 19

22. I HEREBY CERTIFY, That I attended deceased from 7/29/32, 19 ..., to 8/1/32, 19 ...

I last saw him alive on 7/31/32 19 ... death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cirrhosis of liver	1931
2. Ascites.	
3. Lutic aortitis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury, ... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Eugene [redacted] Jones, M. D.

(Address) Edmondson Ave. + Poplar Rd.

Director

OBSERVATION IS VERY important. See instructions on back of certificate.

M. D. R. 1268-9

81805 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81805

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No. Baltimore Med St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Haywood

(a) Residence: No. 314 N. Arlington Ave St., Ward. 26

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy ?

6. DATE OF BIRTH (month, day, year) Sept ? 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Paster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0?0

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County

FATHER

13. NAME William Haywood

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

17. INFORMANT Records Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lion Cemetery Date Aug 2, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Aug 1932 Katie R. Williams, N.P.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1932 to 7-29, 1932

I last saw him alive on 7-29, 1932 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurysm	5yrs.
	mos.
Other contributory causes of importance:	
acute myocardial insufficiency	some 7-18-32

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

7-29-32 (Signed) Elmer Hitchcock M.D.

(Address) Baltimore City Hospitals

See instructions on back of certificate. It is very important.

M. D. 8. 1930

81806

HEALTH DEPARTMENT—CITY OF BALTIMORE

81806

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH: Baltimore City Hospital.
CITY OF BALTIMORE: (No. Baltimore, Md St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Wm G. Sanderson
(a) Residence: No. at Baltimore City Hospitals St., Ward. 6-19-17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1 [illegible] 63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: ?
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Aug-3/ 1932

19. UNDERTAKER: [illegible]
(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-1 1932

22. I HEREBY CERTIFY That I attended deceased from 10-30 1931 to 8-1 1932
I last saw him alive on 8-1 1932 Death is said to have occurred on the date stated above, at 10.45 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Other contributory causes of importance: Tabes dorsalis	?
Hemiplegia rt	?
Carcinoma of mouth [illegible]	?

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
8-1-32 Elmer Highberger M. D.
(Signed)
(Address) Balto City Hospitals

See instructions on back of certificate.

M. D. B. 1268-9

81807 HEALTH DEPARTMENT—CITY OF BALTIMORE 81807

2694 CERTIFICATE OF DEATH X 134

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Aaron Sollenberger 7-9

(a) Residence: No. Waynesboro Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Aug - 22 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Phys 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Samuel Sollenberger

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Etter

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa. Date 8-2 1932

19. UNDERTAKER Walter J. Gage (Address) Waynesboro Pa

20. FILED 8-3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 2 1932

22. I HEREBY CERTIFY, That I attended deceased from July - 28 1932 to Aug 2 1932

I last saw him alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 2 10 A m.

The principal cause of death and related causes of importance were as follows:

Septicaemia ? Date of onset 7 31 32

Other contributory causes of importance:

P. O. haemorrhage following Crushing of bladder wall

Name of operation Suprapubic Date of

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Alds, M. D.

(Address) Johns Hopkins Hospital

See instructions on back of certificate. Every question must be answered.

M. D. B. 1268-9

E 81808 HEALTH DEPARTMENT—CITY OF BALTIMORE E81808

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5001 Harford Road St., Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Faulkner

27-44

(a) Residence: No. 5001 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Faulkner

6. DATE OF BIRTH (month, day, year): Oct 12 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown Pennsylvania

FATHER

13. NAME: Thomas Faulkner

14. BIRTHPLACE (city or town) (State or country): Unknown PENNSYLVANIA

MOTHER

15. MAIDEN NAME: Ann S. Gammill

16. BIRTHPLACE (city or town) (State or country): Unknown Pennsylvania

17. INFORMANT: Mary J. Faulkner
(Address) 5001 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Aug. 3, 1932

19. UNDERTAKER: Frank Leasman Sons
(Address) 7401 BELAIR ROAD

20. FILED Aug 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, 1932, to 8/1, 1932

I last saw h alive on 8/1, 1932. Death is said to have occurred on the date stated above, at 12.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arter-Sclerosis Chr. Interstitial Nephritis	
Hypostatic Pneumonia.	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyla A Foley M. D.

(Address) 5103 Harford Rd

Instructions: Every question must be answered. If the exact information is not known, the best possible estimate should be given. Information is very important. See instructions on back of certificate.

B 81809

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81809

CERTIFICATE OF DEATH

X 9

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

non-resident

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Norman Rommel

(a) Residence: No. Fullerton, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/25/31

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME G. Wm Rommel

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Catherine Hard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. G. W. Rommel

(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Dittmar Cemetery Date Aug 3 1932

19. UNDERTAKER Frederick Funeral Home Inc

(Address) 7401 Belair Road

Thomas or Philomena Notte

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/25/32, 19, to 8/1/32, 19

I last saw h.... alive on 8/1/32, 19 death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7/14/32
Other contributory causes of importance:	
Gastro-Enteritis	7/28/32

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital

See instructions on back of certificate. Every statement of fact very important.

E 81810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81810

CERTIFICATE OF DEATH

93-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N. Hilton St., Ward)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathilda Richter

20-10

(a) Residence: No. 304 N. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Richter

6. DATE OF BIRTH (month, day, year) Sept 19th 1865

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	66	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Hauptlook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Heise

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annette Ball

(Address) 304 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/3/32 19

19. UNDERTAKER H. O. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED AUG 2 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1932 to Aug. 1st, 1932

I last saw her alive on Aug 1st 1932 death is said to have occurred on the date stated above, at 1.30 A.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	

Other contributory causes of importance: Cardiac Dilatation & myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 304 N. Hilton St

Accession No. 32-2

See instructions on back of certificate. Very important.

Spec.—1-30—M. & T.—250 Bks.

81811 E 81811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Orleans ST., WARD)

2-FULL NAME Alonzo E. Giles

(a) RESIDENCE NO. 2318 Orleans ST., WARD 6-10

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E. Giles

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Princess Anne Co. Md.

PARENTS

10 NAME OF FATHER Sidney Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ann Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E. Giles

(Address) 2318 Orleans St

15 Filed ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 31, 1932

that I last saw him alive on July 31, 1932

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis, Hypertension

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent M. Foska M. D.

, 19 (Address) 845 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem

DATE OF BURIAL Aug 3rd 1932

20 UNDERTAKER Geo M. Smith & Son

ADDRESS 811 Hollins St

Instructions on back of certificates.

M. D. B. 1268-9

B 81812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81812

CERTIFICATE OF DEATH

42-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Barton

(a) Residence: No. 558 Orchard St., Ward. 17-24

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) Retired | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bennett Fisher

(Address) 558 Orchard

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 3rd 1932

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Ave

20. FILED Aug 2 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Shock	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Polk Brown Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

81813

HEALTH DEPARTMENT—CITY OF BALTIMORE

81813

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH Lorndale

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip ~~Herman~~ Herz ages 27-56

(a) Residence: No. Belvedere & Greenspring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche Herz

6. DATE OF BIRTH (month, day, year) Feb. 7, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Pennsylvania~~ Easton Md ~~W. Va~~

FATHER

13. NAME Moses Herz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Weil

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL.

Place Shab Shalom Date Aug. 3 1932

19. UNDERTAKER Harold Strouse Sons

(Address) 1962 Eutaw Place

20. FILED AUG 2 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to August 1 1932

I last saw him alive on Aug 1 1932 Death is said to have occurred on the date stated above, at 4.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10 days
Hemiplegia	
Arteria Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. .....

(Signed) Edmund Levin, M. D.

(Address) Lorndale

OBSERVATION IS very important. See instructions on back of certificate.

AaCo. 5-11 2500

B 81814 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81814

CERTIFICATE OF DEATH

160-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St.) .....Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U.S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Boy Baker

(a) Residence: No. 637 Washington Blvd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1 / 32.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				5 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward Baker

14. BIRTHPLACE (city or town) (State or country) Mt Carmel Pa

MOTHER

15. MAIDEN NAME Helen Adomaitis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/2 1932.

19. UNDERTAKER Chas A. Kushagauskas
(Address) 637 S Paca St

20. FILED 8-2-1932 19 Wm. H. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-32

22. I HEREBY CERTIFY, That I attended deceased from 8-1-32, 19..., to 8-1-32, 19...

I last saw him alive on 8-1-32 19 30 death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation incompatible with life	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Bernard N. Downes M. D.

(Address) Bon Secours Hosp.

Director

See instructions on back of certificate. Exact statement of ... is very important.

M. D. B. 1268-9

B 81815 ✓ B 81815

B 81815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cacetta Maggio

4-25

(a) Residence: No. 305 N. Greene St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of antonino maggio
(or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Jan 20 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Maggio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Muzia Culotta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Marantz

(Address) 4010 Boarman ave

18. BURIAL, CREMATION, OR REMOVAL Holy Rood

Place Holy Redeemer Date 8/4 1932

19. UNDERTAKER Chas B. Ruckdeschel

(Address) 637 S Paca St

Huntingtown Williams Md

20. FILED 8-5-1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to August 1 1932

I last saw her alive on August 1 1932 Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	15 years
Diabetic Coma	
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Gangrene - Left Foot	1 mo.
Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eli Contract M. D.

(Address) St. Joseph's Hosp

M. D. R. 1268-0

E 81816 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81816

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .... St., ... Ward)

Length of residence in city or town where death occurred 32 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME G. William Platt — 16-68

(a) Residence: No. 910 N. Gentalas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Rebecca Coane

6. DATE OF BIRTH (month, day, year) Feb 2 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
32	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburg Plate Glass
10. Date deceased last worked at this occupation (month and year) July 31
11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER
13. NAME George Platt
14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER
15. MAIDEN NAME Lizzie Snyder
16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 3 1932

19. UNDERTAKER Mrs Mrs. John H. Teufel Sons (Address) 801 W. Lafayette St

20. FILED Aug 3 1932 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21 1932 to July 31 1932
I last saw him alive on July 31 1932 Death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	UNKNOWN
Aortic insufficiency.	
Mitral stenosis & insufficiency.	
Myocardial failure	6 MOS

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury .... 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) L Dwane M. D.
(Address) Johns Hopkins Hospital

Exact statement. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81817

CERTIFICATE OF DEATH

93-004

REGISTERED NO. 25-75

1-PLACE OF DEATH Newark Pleasure Club.

CITY OF BALTIMORE: (No. 1740 Patapsco St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Glass.

(a) RESIDENCE NO. 337 Washburn St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a If married HUSBAND of Mamie Glass.

6 DATE OF BIRTH (month, day, and year) July 9, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Glass.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Clark.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Rachael Olive Clark. (sister)

(Address) 337 Washburn Ave.

15 Filed 8-2-1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

8/1/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 8/3 1932

20 UNDERTAKER L. Frew Nill & Co.

ADDRESS 130 E. Fort

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81818

CERTIFICATE OF DEATH

115-001

B 81818

Registered No.

1. PLACE OF DEATH Balto City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Norton

(a) Residence: No. 1209 Greenmount St., ... Ward. 10-14

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-16-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dennis Norton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Reddington

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Aug 3, 1932

19. UNDERTAKER Mrs. E. A. Hirshfeld

(Address) Greenmount Ave & 32nd St

20. FILED 8-2-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1932 to 7-31, 1932

I last saw him alive on 7-31, 1932 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Vincents Angena	?
Bronchopneumonia	7-25-32

Other contributory causes of importance:

Name of operation NO Date of ...

What test confirmed diagnosis C.P. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify NO

(Signed) Luther E. Leffler M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... may be properly classified.

A&Co. 5-31 250B

81819

HEALTH DEPARTMENT—CITY OF BALTIMORE

81819

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

20-27

2. FULL NAME Anna Podlich

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 21, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	2	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Johann Rost

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kungunde Kraus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date August 3, 19 32

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED 1932 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 - , 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 30, 19 32 to Aug 1st, 19 32
I last saw her alive on July 31 19 32 death is said to have occurred on the date stated above, at 7.30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931?
Hypostatic Pneumonia	
Senile Asthenia	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

8/2/32 (Signed) E. Hellen Hemming M. D.
(Address) 2000 Hollins St.

AACo. 5-31 250M

81820 HEALTH DEPARTMENT—CITY OF BALTIMORE 81820

CERTIFICATE OF DEATH

92-001
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Northern Parkway Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice V. Flaherty

(a) Residence: No. 704 N. Port St St., Ward. 7-12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Flaherty

6. DATE OF BIRTH (month, day, year) Dec 22 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	71	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME William Buering

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Mary Kenney

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT George H Vance

(Address) 3010 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 3 1932

19. UNDERTAKER J. E. Mt Clay & Co

(Address) 3000 E. Baltimore St.

20. FILED Aug 3 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to July 31, 1932

I last saw her alive on July 29, 1932 death is said to have occurred on the date stated above, at 4 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Other contributory causes of importance: Chronic Endocarditis Myocarditis Cardiac Decompensation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas B Turner, M. D.

(Address) 9 N. Paca St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81821

B 81821

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Mulligan

(a) Residence: No. 1709 Ashland Ave. Ward. 10-13

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu

6. DATE OF BIRTH (month, day, year): 9/2/87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Wm Mulligan

14. BIRTHPLACE (city or town) (State or country): U. S. C

MOTHER

15. MAIDEN NAME: Alice Harvey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 3 1932

19. UNDERTAKER: Peter J. Williams (Address) 515 McCulloh St.

20. FILED Aug 3 1932 Registrar. Wilkie N.F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 32 to July 30, 1932

I last saw h[illegible] alive on July 30, 1932 Death is said to have occurred on the date stated above, at 11 20 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar — Date of onset July 26

Other contributory causes of importance:

Arteriosclerosis. Hypertension Myocardial Insufficiency — Nov, 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. G. Hoffman, M. D.

(Address) J. G. Hoffman 7/30/32

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81822 HEALTH DEPARTMENT—CITY OF BALTIMORE 81822

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Rossiter Ave St., ...Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Rustebery

(a) Residence: No. 525 Rossiter Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

27-48

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotta C. Rustebery

6. DATE OF BIRTH (month, day, year) Dec 15-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector wks & mines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City .086

10. Date deceased last worked at this occupation (month and year) Feb 15-1932

11. Total time (years) spent in this occupation 3½yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George Rustebery

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Kropp

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jennie A. Apsley.
(Address) 525 Rossiter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date Aug 2 1932

19. UNDERTAKER Wm G. Black
(Address) 227 N. Pine St.

20. FILED Aug 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1- 1932

22. I HEREBY CERTIFY, That I attended deceased from August 15 1931 to August 1- 1932

I last saw him alive on July 23- 1932 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 8-15-32

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Chester Rilandy, M. D.

(Address) 2532 Edmondson Ave

M. D. B. 1268-9

B 81823 HEALTH DEPARTMENT—CITY OF BALTIMORE 81823

CERTIFICATE OF DEATH

72-002

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL Registered No. 15-58

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ALBERT BASS

(a) Residence: No. 3455 COTTAGE AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) BETTY (FRIEDMAN) BASS

6. DATE OF BIRTH (month, day, year) AUG 26, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. UPHOLSTERER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FACTORY. 085

10. Date deceased last worked at this occupation (month and year) 1 yr ago

11. Total time (years) spent in this occupation 7 yr

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOSEPH BASS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME REBECCA FLATINSKY.

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT MRS. BETTY BASS
(Address) 345 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Workmen's Circle Mt Carmel Date 8-3 19 32

19. UNDERTAKER Jack Lewis Inc.
(Address) 1532 E Baltimore St

20. FILED AUG 3 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 3 1932

22. I HEREBY CERTIFY, That I attended deceased from JULY 1 1932 to AUG 3 1932

I last saw him alive on AUG 3 1932 Death is said to have occurred on the date stated above, at 5 00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
HODGKIN'S DISEASE	1/1/31 Approx
Other contributory causes of importance:	

Name of operation Excision of gland Date of 5/18/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John S. Fowler M. D.

(Address) Union Memorial Hospital

See instructions on back of certificate. Every question must be answered. Omission of any item may cause delay and is very important.

M. D. B. 1268-9

81824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81824

CERTIFICATE OF DEATH

Registered No. 15-67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Wabash Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 25 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Benjamin F. Poole

(a) Residence: No. Fairbury, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alberta Poole.

6. DATE OF BIRTH (month, day, year) 1859-7-6

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own a farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Govans (State or country) Maryland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. O. C. Mowatt (Address) 3904 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Aug 4, 1932

19. UNDERTAKER C. M. Pratt (Address) Frederick Road.

20. FILED ..., 19... Registrar.

E-1032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Aug 2, 1932

I last saw him alive on Aug 2, 1932. Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Ernest H. Rahn, M. D.

(Address) 3008 W. Lanvale Ave

A&Co. 5-31 250B

B 81825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81825

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Eden St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna May Lee (Brown) 5-8

(a) Residence: No. 534 N. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Walter Lee

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edmund Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lottie Bond

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Elizabeth Brown
(Address) 534 N. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 3, 1932

19. UNDERTAKER M. C. Chase & Bro.
(Address) 1 E. Lafayette

20. FILED AUG 3 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to July 31, 1932

I last saw h alive on July 30, 1932 death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	July 15
Acute Influenza	22
Other contributory causes of importance:	
Pneumonia Lobar	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward Allen, M. D.

8-2-32 (Address) 530 Arlington Ave

Street

INSTRUCTIONS: See instructions on back of certificate.

M. D. B. 1268-9

B 81826 ✓ B 81826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 847½ Boyd St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Fred Barbrs

(a) Residence: No. 841½ Boyd St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Barbrs

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mattie Williams (Address) 847½ Boyd St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date Aug 3, 1932

19. UNDERTAKER Mrs. Katie R. Williams (Address) 3221 Edmondson

20. FILED Aug 1 1932 Interim Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___ to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Wayne Feiser, M. D. Coroner

(Address) 1209 Eastern Ave

Instructions on back of certificate.

B 81827

81827 —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 W. Henrietta St. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Morris.(C) 23-31

(a) RESIDENCE NO 157 W. Henrietta St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of XXXXXXXX WIFE of XXXXXXXX Marriett Morris.(C)

6 DATE OF BIRTH (month, day, and year) December 25, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Harriett Morris.(C) wife)

(Address) 157 W. Henriatta St.

15 Filed AUG 3 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Unquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Heniplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto H. Steinhardt, M. D. Coroner

8/1/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Aug 3 1932

20 UNDERTAKER: Samuel Hensley ADDRESS: W. Baltimore

AUG 3 - 1932

IONS is very important. See instructions on back of certificates. Exact statement of OCCUPA

M. D. B. 1265-9

81828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 81828

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 Ridgley St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 40 mos. ....ds. How long in U. S. if of foreign birth? ....yrs. .... mos. ....ds.

2. FULL NAME Rebecca Cook

(a) Residence: No. 2613 Ridgley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Berle Cook

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years: 47 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 0 3

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Wm Johnson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Cindy Edwards

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Ella Johnson

(Address) 2613 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Date Aug 3rd 32

19. UNDERTAKER: Samuel H. Lashley

(Address) 573 N. Bradford St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/31/32

22. I HEREBY CERTIFY, That I attended deceased from 7/7/32 to 7/31/32

I last saw h[illegible] alive on 7/30/32. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/4/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Howard King M. D.

(Address) 912 Gilmor St

M. D. B. 1268-9

81829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81829

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N. Montford Ave. St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella B. Schoeffield 6-10

(a) Residence: No. 131 N. Montford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Schoeffield

6. DATE OF BIRTH (month, day, year) Dec. 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME James B. Dockel

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Coleman

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT William G. Schoeffield
(Address) 131 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Aug. 5. 1932

19. UNDERTAKER Wm. E. Walker & Son
(Address) 2354 Gay St.

20. FILED ..... Aug 1 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1932 to Aug. 1 1932

I last saw her alive on Aug. 1 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal mass - probably spleen.	over
Other contributory causes of importance: Exhaustion.	

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Schmit M. D.

(Address) 701 N. Kenwood Ave.

M. D. R. 1268-2

E 81830

HEALTH DEPARTMENT—CITY OF BALTIMORE 81830

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2748 Winchester St. St., Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret B. Gore

(a) Residence: No. 2748 Winchester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russel Gore

6. DATE OF BIRTH (month, day, year) July 15, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Carl Boucsein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Beserch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carl Boucsein
(Address) 2748 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date 8/4/32 19

19. UNDERTAKER John Aldriot
(Address) 2008 Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from June 17 1932 to Aug 2 1932 19

I last saw h alive on Aug 1 1932 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial Endocarditis	[illegible]

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..If so, specify .....

(Signed) Dr Clemens Lotts M. D.

(Address) 1216 E Calvert St

AaCo. 5-31 250B

E 81831 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81831

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1506 N. Washington, St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Hopwood

(a) Residence: No. 1506 N. Washington. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Hopwood

6. DATE OF BIRTH (month, day, year): Sept, 18, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick, Md.

FATHER

13. NAME: Melvin Hopwood

14. BIRTHPLACE (city or town) (State or country): Frederick, Md.

MOTHER

15. MAIDEN NAME: Annie Miller

16. BIRTHPLACE (city or town) (State or country): Frederick, Md.

17. INFORMANT (Address): Jennie Hopwood, 1506 N. Washington, St.

18. BURIAL, CREMATION, OR REMOVAL: Place Kirkwood Date 8/4 1932

19. UNDERTAKER (Address): Frederick A. Cole, 1200 W. Lanvale St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-1-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1932, to 8-1, 1932

I last saw him alive on 8-1, 1932 death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic-	7-25
Hypo Cardiac Degeneration	6-15-
Other contributory causes of importance:	
Chronic Int Nephritis	3yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19.....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Nevett, M. D.

(Address) 1500 W. Lanvale

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81832 E 81832

CERTIFICATE OF DEATH 93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat St., ...Ward)

Length of residence in city or town where death occurred 35 yrs. 2 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John F. Scherer 28-63

(a) Residence: No. Mrs Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Emma

6. DATE OF BIRTH (month, day, year) May 30, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015
10. Date deceased last worked at this occupation (month and year) 1914
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John F. Scherer.
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Mary M. Mueller
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hope Retreat
(Address) Mrs Hope Retreat.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 8/4 1932

19. UNDERTAKER Wm C. Forbes & Co
(Address) 121 E. Eager St.

20. FILED AUG 3 - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Aug 2, 1932
I last saw him alive on Aug 1, 1932 death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis. Arterio-Sclerosis. Acute Cardiac dilatation (Sudden.)	
Other contributory causes of importance:	
P.T.S. Alcoholic Dementia	18 Yrs.

Name of operation None Date of .....
What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Odell M. D.
(Address) Mrs Hope Retreat.

INSTRUCTIONS on back of certificate.

M. D. B. 1268-9

E 81833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81833

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3117 Old Spring Ave. St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah H. Owens

(a) Residence: No. 3117 Old Spring Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry A Owens

6. DATE OF BIRTH (month, day, year) Feb. 1. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

FATHER

13. NAME Samuel Cottom

14. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

MOTHER

15. MAIDEN NAME Martha Shultz

16. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

17. INFORMANT Harry A Owens (Address) 3117 Old Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date Aug 3 1932

19. UNDERTAKER J. M. Cook (Address) 1219 St Paul St.

20. FILED AUG 3 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1922 to Aug. 1st 1932

I last saw her alive on Aug. 1st 1932. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset .....

Other contributory causes of importance:

Pulmonary oedema

Name of operation none Date of -

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify -

(Signed) John F. Morgan, M. D.

(Address) 7 E. Preston St.

AACo. 5-31 250B

E 81834 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81834

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., ...Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Phelps

(a) Residence: No. Preston & Valley St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

10-14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ursula Flegel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Engle

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date Aug 3 1932

19. UNDERTAKER Wm. Cook
(Address) 1210 E. Oliver St.

20. FILED Aug 3 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8th 1932 to Aug 1st 1932
I last saw her alive on July 31 1932 death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	

Other contributory causes of importance:

Asthenia

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. C. Carter M. D.

(Address) 1114 Harlem Ave

Director

Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81835 — CERTIFICATE OF DEATH — 34 — E 81835

1. PLACE OF DEATH Baltimore City Hospitals. Registered No. ....

CITY OF BALTIMORE: (No. 1900 Eastern Ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Jackson — H-24

(a) Residence: No. 1037 E. Eutaw St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro.	married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nancy Jackson

6. DATE OF BIRTH (month, day, year) 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Jarrett, Va.

FATHER

13. NAME Frank Jackson

14. BIRTHPLACE (city or town) (State or country) Jarrett, Va.

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Jarrett, Va.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jarratt, Va. Date 8-3 1932

19. UNDERTAKER Daniel Easton

(Address) 916 Pennsylvania Ave

20. FILED AUG 3 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1932 to 8-1 1932

I last saw him alive on 8-1 1932 Death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hepatitis	15 days ago

Other contributory causes of importance:

Pulmonary Tuberculosis	6 mos ago

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Bennett A. Stein, M. D.

(Address) City Hospitals

M. D. R. 1268-9

E 81836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81836

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Basford

(a) Residence: No. 3602 Woodlawn Ave St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Rebecca E. Basford

6. DATE OF BIRTH (month, day, year) June 22 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming 086

10. Date deceased last worked at this occupation (month and year) June 1928

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Beltsville Md.

FATHER

13. NAME M. Henry Basford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Mayell Magott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mayotthy Church Cem Date Aug 3. 1932

19. UNDERTAKER John F. Denning

(Address) 715 Light St. Pin

20. FILED AUG 3 1932 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to Aug 1 1932

I last saw him alive on Aug 1st 1932 Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Nephritis	
Nephrosclerosis	

Other contributory causes of importance:

Uremia	Aug 1 '32

Name of operation Cystoscopic Exam. Date of 7-6-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

M.D. (Signed) J. [illegible] Hance M. D.

(Address) Maryland General Hospital

Director

B 81837

1-30 100 B—50L

B 81837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Meyers.

(a) RESIDENCE NO New York. ST., WARD 4-7

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Donot know.

14 Informant Police Report. C.D.

(Address)

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Concord & Pratt Sts. July 17, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

8/1/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U of M Medical College

DATE OF BURIAL Aug 3 19 32

20 UNDERTAKER [illegible]

ADDRESS

1932 [illegible] CORONER

THE MORGUE

IMPORTANT: See instructions on back of certificates. Exact statement of OCCUPATION is very important and may be properly classified.

M. D. H. 1268-9

E 81838

E 81838 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. 3-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jackson's Wharf, Foot of Bond St St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Aug 3 . 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED AUG 3 1932 Huntington, Pottawatomie, N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from — . 19 . to — . 19

I last saw h — alive on . 19 Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury . 19
Where did injury occur? Foot of Bond St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Drowning fell off Pier
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) H. F. Herzog M.D. Coroner. M. D.
(Address) 305 N Patterson Park

M. D. B. 1268-9

81839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81839

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals, 47 Registered No.
CITY OF BALTIMORE: (No. Baltimore, Md St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Jalkowski or Baranowska
(a) Residence: No. 518 S. Bethel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John —

6. DATE OF BIRTH (month, day, year) July 7

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 03
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Baltimore City Hospitals Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 4, 1932

19. UNDERTAKER J. W. Kazmarski
(Address) 1930 E. Baltimore St.

20. FILED 1932 Huntingtown Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1932 to 8-1, 1932
I last saw h[er] alive on 8-1, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	about 6 wks
	90
Other contributory causes of importance:	
Bronchopneumonia	7 days

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
8-1-32 (Signed) Elmer Highby M. D.
(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 81840 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81840

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH — Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospitals St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Thornton Lathen 12-50

(a) Residence: No. 439 E. E. 23rd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Martha Lathen

6. DATE OF BIRTH (month, day, year): Feb 6/1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Remington, Va.

FATHER

13. NAME: Louis Lathen

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Beltica Bacon

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Martha Lathen
(Address) 439 E 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Remington Va Date Aug 3 1932

19. UNDERTAKER: M. S. Elliott.
(Address) Huntington Williamson, W. Va.

Aug 3 1932 FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Hemorrhage from mouth & nose. Cause undetermined- probably pulmonary.	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

A&Co. 5-31 250B

B 81841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81841

CERTIFICATE OF DEATH

106-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 S. Morley St., ... Ward)

Length of residence in city or town where death occurred yrs. life time mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. Neighoff 20-70

(a) Residence: No. 146 S. Morley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married.

5a. If married, widowed or divorced
~~WIFE~~ HUSBAND of Sadie Neighoff.

6. DATE OF BIRTH (month, day, year) April 7th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
77.	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Neighoff.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Josephine Wisler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Francis Neighoff

(Address) 146 S. Morley St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 5th 1932

19. UNDERTAKER Charles W. Lill.

(Address) 3109 Frederick Ave.

20. FILED Aug 3 1932 Huntington Williams Registrar

H. H. H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932, to Aug 2 1932

I last saw him alive on Aug 1 1932 death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	Years
	Mch 32

Other contributory causes of importance:

c

None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Egerton Bell M. D.

(Address) 133 W. Lanvale St.

Spec. 6-9-19—H. P. Co.—1000 Bks.

(Bautz)

B 81842 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81842

CERTIFICATE OF DEATH. 50

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No 4702 Caladonia Rd ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Bautz

(a) RESIDENCE. No 4702 Caladonia Rd ST., WARD. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jos F Bautz

6 DATE OF BIRTH (month, day, and year) December 12, 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alfred Cormack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Margt. J. Gilconell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Executrix 4702 Caladonia Rd

15 Filed 8-3-1932 Huntington Williams M.D. Registrar C. S. M. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1927, to Aug 2, 1932, that I last saw h alive on Aug 1, 1932, and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma Lung.

(duration) yrs. (8) mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Right Breast

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Aug 3, 1927

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo A Silvani Jr. M. D.

19 (Address) 2W Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 8/5 1932

20 UNDERTAKER Leonard J. Rust — ADDRESS 5305 Harford Av

THIS IS very important. See instructions on back of certificates. Exact statement of OCCUPATION may be properly classified.

1 250B

843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 B 81843

PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 517 Gorsuch Ave. St., Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P. Kimmitt

(a) Residence: No. 517 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Dunn Kimmitt

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Kimmitt

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret McBride
(Address) 517 Gorsuch Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St Peter's Cem Date 8-4-32 19

19. UNDERTAKER C. V. Cannon Jr. & Co.
(Address) 4611 Park Heights Avenue

20. FILED 1932 Huntington Williams, M.D.
C. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6 1932 to Aug 1 1932
I last saw him alive on July 31 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	

Other contributory causes of importance:

Asthma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy M.D.
(Address) 1114 Hollins

AdCo. 5-31 250B

B 81844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81844

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Collins

(a) Residence: No. 2115 Wilkens St. St., Ward. 20-69

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 1, 1932

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
3 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mrs. Alex. Collins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Edna Dorner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edna Collins

(Address) 2115 Wilkens St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount of Md. Date Aug 3, 1932

19. UNDERTAKER [illegible]

(Address) [illegible] Baltimore, Md.

20. FILED Aug 3 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Aug 1, 1932

I last saw her alive on Aug 1, 1932 death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Aug 1, 32

Other contributory causes of importance:

Prolonged Labor

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dwight H. Goodrich M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

B 81845 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81845

CERTIFICATE OF DEATH

X 136-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Emerson

(a) Residence: No. New Albany, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Berkley, Va.
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date Aug 3 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28th 1932 to July 30th 1932
I last saw him alive on July 30th 1932; Death is said to have occurred on the date stated above, at 6:05 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Urethral Strictures	
" Perineal & Scrotal Sinuses	

Other contributory causes of importance:

Uremia	
Cardiac Decompensation	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward W Wasson M. D.

(Address) University Hospital

Spec.—1-10-21—M&T—1500 Bks.

81846

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81846

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3843 Quarry Ave ST., 13 WARD)

2-FULL NAME Bertha Wiedeman

(a) RESIDENCE NO. 3843 Quarry Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Wiedeman

6 DATE OF BIRTH (month, day, and year) Apr 6 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Theo Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Theo Wiedeman (Address) 3843 Quarry Ave

15 Filed ..... 19 ..... Registrar

No. 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1932

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 3, 1932, that I last saw h— alive on Aug 2, 1932, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) — yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) P. J. Engelhardt, M. D.

Aug 3 1932 (Address) 3701 Riley Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Aug 5 1932

20 UNDERTAKER Ehrenwerth Son

ADDRESS 3617 Eastern Ave

IMPORTANT: See instructions on back of certificates. Exact statement of OCCUPATION is very important. Name of property classified.

M. D. B. 1265-9

B 81847

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81847

CERTIFICATE OF DEATH

53 Cir

1. PLACE OF DEATH [redacted] 4004 Primrose Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolyn Schneider 2-7-55

(a) Residence: No. 4004 Primrose Ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roland Schneider

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothea Ernst

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 8/4 1932

19. UNDERTAKER Wm Cook & Bro
(Address) 1716 Pennsylvania Ave, W
Huntington Parkway R.P.D.

3-1932 FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1932, to 6/28, 1932.
I last saw h[illegible] alive on 6/28, 1932. Death is said to have occurred on the date stated above, at 11 A. m. July 2, 32

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant tumor of left cerebral with metastases to entire body (Neuroblastoma)	1/1/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A. Washington, Jr. M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

81848 B 81848

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Curley St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Richner 8-11

(a) Residence: No. 1206 N Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Edwards H Richner

6. DATE OF BIRTH (month, day, year) Feb 19 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ennis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Richner

(Address) 1206 N Curley

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 5 1932

19. UNDERTAKER Wm Lorz & Son

(Address) 1217 E Chase St

20. FILED AUG 8 1932 Huntington Millington N.Y. R. B. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Aug 3 1932

I last saw h[illegible] alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Other contributory causes of importance:	
Toxic Absorption	30 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Leo [illegible] M. D.

8/3/32 (Address) 413 N Washington

Spec.—1-30—M. & T.—250 Bks

E 81849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81849

CERTIFICATE OF DEATH. 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Aisquith ST., WARD) 10-14

2-FULL NAME Bessie Bright

(a) RESIDENCE No. 1212 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of No.

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	26	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Nathan Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant mother.

(Address)

15 Filed 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/3/32

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 1932, to 8/3, 1932, that I last saw her alive on 8/2, 1932, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Virgil Gittings, M. D.

19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 8/5 1932

20 UNDERTAKER J. M. Cook — ADDRESS 1217 E. Fairmount

. H. 1268-9

81850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 81850

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (St. Joseph Hosp St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Budget M. Will

(a) Residence: No. 2066 Reed St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John F. Will

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years: 56; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: John F. Will

(Address) 2066 Reed

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 8/6 1932

19. UNDERTAKER: [illegible]

(Address) 1247 E Monument Huntington Wilkins ND

20. FILED: 8-6-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fracture Upper end left Femur.

Fell on floor in dark trying to sit in chair 4 days

Other contributory (secondary) causes (or conditions) of importance:

Bilateral Pulmonary Tuberculosis

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis: Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. E. Smith

(Address) Coroner

Coroner

M...

Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81851

E 81851

CERTIFICATE OF DEATH

5.3

1. PLACE OF DEATH Balto City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Fugate

(a) Residence: No. 152 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

8-17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: James P. Fugate

6. DATE OF BIRTH (month, day, year): May 26, 1855

7. AGE: Years 77 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation (37)

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: David Barndt

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Mary Kinzer

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: 8/6 1932

19. UNDERTAKER: Wm C. Fox & Co
(Address) 1218 E. Fayette St

20. FILED: 8-3-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 2, 1932

I last saw h[illegible] alive on Aug 2, 1932. Death is said to have occurred on the date stated above at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alimentary Epithelioma	?
Neph	?
Arteriosclerosis	?
Heart disease	?
Senility	

Other contributory causes of importance:

Heart failure (Acute)	Aug 1

Name of operation: NO Date of: —

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO

(Signed) Luther E. Little M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81852 262105

CERTIFICATE OF DEATH

X 123 E 81852

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Fred Clarke

(a) Residence: No. Worthy Park Plantation Jamaica St., Ward. West Indies

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 2-27 ~~1867~~ 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ~~68~~	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar Planter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 8 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W I

FATHER

13. NAME Henry Clarke

14. BIRTHPLACE (city or town) (State or country) Eng

MOTHER

15. MAIDEN NAME Jane Lester

16. BIRTHPLACE (city or town) (State or country) Eng

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Aug 4, 1932

19. UNDERTAKER John C Mitchell Son (Address) 1902 Eutaw Place

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to Aug 2, 1932

I last saw him alive on Aug 2, 1932. Death is said to have occurred on the date stated above, at 6 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure following operation on bladder.	6/1/32

Other contributory causes of importance:

Diverticulectomy bladder (operation) Atonia vesicalis

Name of operation Diverticulectomy, bladder Date of 6/21/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Alds, M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

E 81853 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81853

CERTIFICATE OF DEATH

X 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marion Smith Bell

(a) Residence: No. Richland Rd Catonsville Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Sing le

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9—1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hawthorne Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Thomas

16. BIRTHPLACE (city or town) (State or country) Hawthorne Smith

17. INFORMANT Hawthorne Smith
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Aug 4 1932
Date ..... 19.....

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Aug 4 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 Days

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Huh M. D.

Coroner

Director (Address) Coroner

M. D. B. 1268-9

E 81854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81854

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Sumter ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sigmund Abelson 27-56

(a) Residence: No. 3119 Sumter ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Abelson

6. DATE OF BIRTH (month, day, year) ? ? ? 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harold Abelson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Robert Abelson-Nephew

(Address) 1506 Pentztown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date 8/4/32 19

19. UNDERTAKER Jack Lewis & Sons Inc. Director

(Address) 1439 E. Baltimore St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1928 to August 3, 1932

I last saw him alive on Aug 3 1932 Death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency and Stenosis	
Acute Cardiac dilatation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1015 N. Pentztown Rd

Instructions in very important. See instructions on back of certificate.

E M. C. No. 81855

HEALTH DEPARTMENT—CITY OF BALTIMORE

M 81855

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Westwood Ave St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Asbel

(a) Residence: No. 2011 Westwood Ave St., ... Ward. 15-21

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Esther Asbel

6. DATE OF BIRTH (month, day, year) Feb 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Isaac Asbel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fagg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Asbel

(Address) 2011 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Cem. Date 8/4/32, 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E Balto St.

20. FILED Aug 4 1932, 19 ... by ... Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Aug. 4, 1932

I last saw him alive on Aug. 1, 1932 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isidor J. Levy, M. D.

(Address) 2326 Eutaw Place

81856

HEALTH DEPARTMENT—CITY OF BALTIMORE

81856

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 St Mary St., ... Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sandy Coleman

(a) Residence: No. 518 St Mary St., 17-24 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (give the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna Coleman

6. DATE OF BIRTH (month, day, year): 8 8 82

7. AGE: Years: 50 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sparrows Point

10. Date deceased last worked at this occupation (month and year): 20 [illegible]

11. Total time (years) spent in this occupation: 040

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Annie Britt

17. INFORMANT (Address): 620 Paca St

18. BURIAL, CREMATION, OR REMOVAL: Place Victoria-Va Date 8-5-32 19

19. UNDERTAKER (Address): Jesse M. Redden 1436 W. Biddle St. Baltimore, Md.

20. FILED ... 19 ... Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Dysentery	

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuck M. D.

Coroner

(Address)

Instructions on back of certificate. Are important.

Spec. 7-17-26—A Co.—200 Bks.

81857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81857

CERTIFICATE OF DEATH

54-102

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, (No. Providence Hospital St., Ward) 14-20

2-FULL NAME Lizzie (Elizabeth) Mayes

(a) RESIDENCE NO. Bound Ave - Oberlen Md St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 10 1892

7 AGE: Years 40 Months 0 Days 22

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Sedley

(State or country): Va

PARENTS

10 NAME OF FATHER: Thomas Vanzy

11 BIRTHPLACE OF FATHER (City or town): Sedley

(State or country): Va

12 MAIDEN NAME OF MOTHER: Annie Vanzy

13 BIRTHPLACE OF MOTHER (city or town): Sedley

(State or country): Va

14 Informant: William G Mayes

(Address): Sedley Va

15 Filed: 1932 . 19

Registrar: Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1932 19

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to Aug 1, 1932

That I last saw h alive on Aug 1, 1932

and that death occurred, on the date stated above, at 3 25 a.m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Fibroid Uterus

(duration) yrs. since mos. ds.

18 Where was disease contracted: unknown

If not at place of death?

Did an operation precede death? yes Date of 7/29/32

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) I B Harris M. D.

8/1, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sedley Va — Date of Burial: Aug 5 1932

20 UNDERTAKER: Joseph A Sisely — ADDRESS: 409 N. Mount St

G

very important. See instructions on back of certificates.

so that it may be properly classified. Exact statement of OCCUPATION is

CAUSE

M. D. B. 1268-b

E 81858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81858

CERTIFICATE OF DEATH

184

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S. Conkling St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent, Cirucca

(a) Residence: No. 431 S. Conkling St., Ward. 26-37

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Md.

FATHER

13. NAME Rosario Cirucca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sadie Agro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. R. Cirucca

(Address) 431 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 5, 1932

19. UNDERTAKER Frank V. Pipitone

(Address)

20. FILED Aug 5, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to revolver wound of chest involving Aorta Accidental Death	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/2, 1932

Where did injury occur? At home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feldt, M. D. Coroner

(Address) 2734 Eastern Ave.

M. D. B. 1268-9

E 81859 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81859

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Patterson Park Ave. St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa G. Shamleffer

8-12

(a) Residence: No. 1319 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornellius H. Shamleffer

6. DATE OF BIRTH (month, day, year) May 1, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Robert Wells

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) dont know (State or country)

17. INFORMANT Miss Hazel Shamleffer
(Address) 1319 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug. 5, 1932

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St.

20. FILED Aug 6 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30th 1932 to August 1st 1932
That she was alive on August 1st 1932 Death is said to have occurred on the date stated above, at 7.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	7/25/32
Intestinal Carcinoma	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Amelia Schenk M. D.

(Address) 1717 N. Caroline St.

Instructions on back of certificate. See instructions on back of certificate.

M. D. B. 1268-9

E 81860 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81860

CERTIFICATE OF DEATH

186-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronouced, Dead at Union Memorial Hospital St. ..... Ward)
Lifetime
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

12-50

2. FULL NAME Thomas P. Shehan

(a) Residence: No. 3120 Guilford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annastatia D. Shehan

6. DATE OF BIRTH (month, day, year) April 30th. 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor's Supplies
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0 42

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Daniel E. Shehan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Kelley
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annastatia D. Shehan
(Address) 3120 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Aug. 5th. 32

19. UNDERTAKER Chas. F. Evans & Son
(Address) 118 W. Mt. Royal Ave

20. FILED Aug 6 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2nd. 19 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractures Skull. Internal Injuries	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/2 19 32
Where did injury occur? Balto City Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In his home
Manner of injury Fell from Porch
Nature of injury Internal Fractures Skull Injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, explain .....

(Signed) John J. Moriarty M. D. Coroner
(Address) 1632 Roland

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81861 — CERTIFICATE OF DEATH 93-003 — E 81861

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N Chapel St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kunigunda Endres

(a) Residence: No. 214 N. Chapel St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Matthias Endres

6. DATE OF BIRTH (month, day, year) Feb 8 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Germany

FATHER

13. NAME ? Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Endres (Address) 214 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 5, 1932

19. UNDERTAKER Martin W. E. Dippel Inc (Address) 37 E. Lanvale St

FILED AUG 5 - 1932, 19... Huntington Wolfe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931 to Aug 2, 1932

I last saw h[illegible] alive on July 28, 1932. Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June
Other contributory causes of importance: Gastritis	1 Jan

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Geo. Keller, M. D.

(Address) 1937 Gough St

M. D. R. 1268-9

81862 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 81862

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 Edmondson St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Newton. 20-70

(a) Residence: No. 3327 Edmondson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida. S. Newton.

6. DATE OF BIRTH (month, day, year) 5-6-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Haberdasher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 43

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

FATHER

13. NAME Robert Newton.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Yates
(Address) 3327 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/5 1932

19. UNDERTAKER J. Fenw McCully
(Address) 130 S. Fort. ave.

20. FILED 1932 Huntington Mallard N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 1932 to Aug 3 1932

I last saw h— alive on Aug 2 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	about July 28 32

Other contributory causes of importance:

Unknown

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Wm. Deaburn, M. D.

(Address) 636 Fort Ave.

M. D. B. 1268-9

E 81863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81863

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen. Hospital 121 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel J. MacCubbin Jr 15-61

(a) Residence: No. 3219 Mondawmin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Moore

6. DATE OF BIRTH (month, day, year) June 21-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Life Insurance Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Almost

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William MacCubbin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Samuel J. MacCubbin Jr
(Address) 3219 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/6/32 19

19. UNDERTAKER H. I. Miley & Son
(Address) 2513 Edmondson Ave

20. FILED AUG 6 1932 [illegible] N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to Aug 2 1932

I last saw h[illegible] alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendical Abcess with Peritonitis	
Other contributory causes of importance: Generalized Peritonitis and Paralytic Ileus	

Name of operation Appendectomy Date of 7-30-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. Bruce Jr (M. D.)

(Address) Maryland Gen. Hospital

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81864

112

CERTIFICATE OF DEATH

81864

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2602 Hudson ST., ... WARD) 1-B

2—FULL NAME Anthony Antoni Jankowiak

(a) RESIDENCE NO. 2602 Hudson ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth 42 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maryanna Jankowiak

6 DATE OF BIRTH (month, day, and year): May 10 1870

7 AGE: Years 62 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Thomas Jankowiak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Maryanna Jankowiak

(Address): 2602 Hudson St

15 Filed Aug 4 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 4 " 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 , 1932, to Aug. 4 , 1932, that I last saw him alive on Aug 3, , 1932, and that death occurred, on the date stated above, at 1255 a m.

The CAUSE OF DEATH* was as follows:

Chronic asthmatic Bronchitis.

(duration) several years yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical signs of death

(Signed) J. B. Bromwell, M. D.

Aug 4 , 1932 (Address) 3037 Odonnell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mausoleum Elm

DATE OF BURIAL: Aug 8 1932

20 UNDERTAKER: Stephen J. Fialkowski

ADDRESS: 1000 S. Kenwood Ave

M. D. B. 1268-9

B 13389

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81865

CERTIFICATE OF DEATH

23 B 81865

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James McNeill 6-9

(a) Residence: No. 1602 Wilkens Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/1/10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Mack McNeill

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place N. Med College Date Aug 4 1932

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to July 29, 1932

I last saw h[illegible] alive on July 29, 1932 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

VACCINATION is very important. See instructions on back of certificate. Exact statement

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31866 B 31866

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 93-003 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Schlutte (Schlutter) 1-3

(a) Residence: No. 215 S. Chester St St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lou Schlutter

6. DATE OF BIRTH (month, day, year) Feb 3 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	60	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Frederick A Schlutter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Doris Jacobson

16. BIRTHPLACE (city or town) (State or country) Germany Balto.

17. INFORMANT Records City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Cem. Date Aug. 6th 1932

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Paca St.

20. FILED Aug 6 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-25 1932 to 8-1 1932

I last saw him alive on 8-1 1932 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	1 yr. ago.
Other contributory causes of importance: Senile myocardial insufficiency & auricular fibrillation	5-23-32

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

8-2-32 (Signed) Elmer Hirshberg M. D.

(Address) Balto. City Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81867 B 81867

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Daniel Malone

(a) Residence: No. 532 E. 38th St., Ward. 7-47

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Malone

6. DATE OF BIRTH (month, day, year) Sept. 26 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distiller 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Malone (Wife)

(Address) 532 E. 38th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathederal Date Aug. 8th 1932

19. UNDERTAKER Kelly-Geiler Inc.

(Address) 1932 Huntington Ave. Balto. Md.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-27-32, 19 to 8-3-32, 19

I last saw him alive on 8-3 1932 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yrs ago.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Allyn B. Choate M. D.

(Address) Church Home Clinic

M. D. B. 1268-9

E 81868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81868

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1025 St Paul St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nancy Carey Bailey
Mrs G. Frank Bailey

11-15

(a) Residence: No. 1025 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G. Frank Bailey

6. DATE OF BIRTH (month, day, year) Feb 20th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware Co. Pennsylvania

FATHER

13. NAME Thomas Irwin Carey

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Martha Grey Leiper

16. BIRTHPLACE (city or town) (State or country) Delaware Co. Pennsylvania

17. INFORMANT James Baily
(Address) 1730 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8-5-1932

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) Mitchell & Orchard Sts

20. FILED 1932 Huntington Pittsburgh, N.P. U.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Aug 3, 1932

I last saw her alive on Aug 3, 1932 Death is said to have occurred on the date stated above, at 10.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Arthritis	July 31
Other contributory causes of importance: Myocardial insufficiency	8 wks

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury —, 19

Where did Injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) 1403 Park

M. D. B. 1268-9

263383
81869 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81869

CERTIFICATE OF DEATH

X 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Mack

(a) Residence: No. 519 - 8th St., / Ward. Laurel Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-5-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8 days 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Percy Mack

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lurban Mosley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Murkins Md Date Aug. 6/32

19. UNDERTAKER The J.C. Whitt Co Laurel Md (Address) Hunter Williams, N.D.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to Aug 3, 1932

I last saw him alive on Aug 3, 1932. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital syphilis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. S. Anderson, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81870

CERTIFICATE OF DEATH

50

E 81870

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 Lakeview Ave St., Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Goldsmith Cotton

(a) Residence: No. 2452 Lakeview Ave St., Ward. 13-57

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gustave Cotton

6. DATE OF BIRTH (month, day, year) Sept. 9, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amanda Wurtzburger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mr. Gustave Cotton 2452 LakeviewAve.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Heb. Friendship Date Aug. 5 1932

19. UNDERTAKER (Address) Nand Sondheim & Son 1902 Eutaw Place

20. FILED 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1931 to Aug 3, 1932

I last saw her alive on Aug 3 1932 Death is said to have occurred on the date stated above, at 5 - P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Left. Breast. c Metastasis to Brain (1932)	1929

Other contributory causes of importance:

Bronchopneumonia -	July 29/32

Name of operation Left. Breast removed Date of April/1930

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph W. Ketzky M. D.

(Address) 1207 Eutaw Place.

Fill in all items if you can. Be sure to answer every important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

M V

B 81871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

B 81871

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Meekins

(a) RESIDENCE NO 34 Shipway Rd. Dundalk ST., 12-49 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Meekins

6 DATE OF BIRTH (month, day, and year) Feb. 2 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles W. Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Lillian V. Henson

(Address) 501 Murdock Rd. Anneslie

15 Filed Jan 1932, 192 Huntington Williams M.D. Registrar

R. C. H. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ✓ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Multiple fractures of arms & legs
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Struck by auto while walking
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? York Rd. nr Dundalk Ave

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? yes

{Deceased & her husband were struck by auto while walking on

(Signed) Joseph Dokonny Coroner, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Aug. 6 19 32

20 UNDERTAKER John H. Denny

ADDRESS 715 Gay St

1-30—M. & T.—100 B—50L

M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81872 B 81872

CERTIFICATE OF DEATH

210-002

REGISTERED NO. 12-49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. Meekins

(a) RESIDENCE NO 34 Shipway Rd. Dundalk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Meekins

6 DATE OF BIRTH (month, day, and year) Sept 14 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER George W. Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Olivia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Bertha L. Wilson

(Address) 75 Kingship Rd. Dundalk

15 Filed ... 1932 ... 1932 Huntington Williams M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull.
Fractured femora
(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Struck by automobile while walking
(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? York Rd nr. Dunkirk Ave

Did an operation precede death? no Date of ✓

Was there an autopsy? no.

What test confirmed diagnosis? none

(Deceased's wife was struck by auto while walking in road)

(Signed) Joseph Pokorny, M. D. Coroner

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Aug. 6 19 32

20 UNDERTAKER John F. Denny

ADDRESS 725 Light St

M. D. B. 1268-9

B 81873

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81873

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Marriott

(a) Residence: No. 322 N. Pearl St., ... Ward. 4-25
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Bell Marriott

6. DATE OF BIRTH (month, day, year): Sept 28, 1875

7. AGE — Years: 56 | Months: 10 | Days: 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: Frank Bellman

14. BIRTHPLACE (city or town) (State or country): Balto md

MOTHER

15. MAIDEN NAME: Mollie Kingsmore

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore County Date: 8-5- 32

19. UNDERTAKER (Address): Wendell E. Humphreys 1501 Woodbourne Ave

20. FILED 1932 Huntington Wills B.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-27 . 1932 to 8-4 . 1932

I last saw her alive on 8-4 . 1932 Death is said to have occurred on the date stated above, at 7:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	?
& regional Metastases	?
Secondary Anemia	?

Other contributory causes of importance:

Heart failure (Congenital)	8-4-32

Name of operation: no Date of ...

What test confirmed diagnosis? CF Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm. Bruce Schaefer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81874 B 81874

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 22 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank E. Deal

(a) Residence: No. 257 W. Stiles St. St., Ward. 21-29
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12 20

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Deal

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Ida Carey

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records Balto. City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Cemetery Date August 5, 1932

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 E. Lexington St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1932 to 8-1, 1932

I last saw him alive on 8-1, 1932 Death is said to have occurred on the date stated above, at. 7:25 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic tetanus	5 days

Other contributory causes of importance: No history of injury or wound

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

8-1-32 (Signed) Alma Archbold M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81875

CERTIFICATE OF DEATH

93-003

B 81875

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4606 Elsrode Ave St., ... Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Loos

(a) Residence: No. 4606 Elsrode Ave St., ... Ward. 27-44

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Loos

6. DATE OF BIRTH (month, day, year) May 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Cunningham

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Riddell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. H. Miller

(Address) 4606 Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL Groves

Place Presbyterian Date Aug 6, 1932

19. UNDERTAKER Wm. Rob

(Address) 1219 E. Fayette St

20. FILED Aug 4-1932, 19..... Huntington Millgate N.P.

H. C. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 3, 1932

I last saw her alive on Aug 3, 1932. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	8/1/32
Other contributory causes of importance:	
myocarditis	? ?

Name of operation no Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Herman G Voigt MD, M. D.

(Address) 5106 Hanford Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81876 B 81876

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Willis

(a) Residence: No. 1621 N. Montford Ave St., Ward. 8-16

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabel M Willis

6. DATE OF BIRTH (month, day, year): Dec 25 1855

7. AGE: Years 76 Months 7 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Talbot Co Md

FATHER

13. NAME: Francis A Willis

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary L Willis

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Nora E Willis 722 E 36th St

18. BURIAL, CREMATION, OR REMOVAL. Place Forkwood Date 8/6 1932

19. UNDERTAKER: W M Cook (Address) 121 E 23rd St

20. FILED 4 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/3 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1932, to 8-3 1932

I last saw h/m alive on 8-3 1932 death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Cerebral Hemorrhage	7/26/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not so, specify

(Signed) D. C. Stone, M. D.

(Address) Franklin Square Hospital

1-30—M. & T.—100 B—50L

E 81877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81877

CERTIFICATE OF DEATH 178-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Durst Alley. ST., WARD) 24-33

2-FULL NAME George H. Weinbrenner.

(a) RESIDENCE NO. 1200 Battery Ave. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) Wife of Dora A. Weinbrebner.

6 DATE OF BIRTH (month, day, and year) November-- 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Jobber.
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woodsboro, Md.

PARENTS

10 NAME OF FATHER Thomas Weinbrenner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Louise Young.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant George I. Weinbrennar. (son)

(Address) 606 N. Cross St.

15 Filed 1932, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Illuminating Gas Asphyxia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/4/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cem. Woodsboro Md

20 UNDERTAKER Wm Cook

DATE OF BURIAL 8 6 1932

ADDRESS 1217 Durst St

THIS is very important. See instructions on back of certificates. Exact statement of OCCUPA-

1-30—M. & T.—100 B—50L

E 81878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 81878

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) (WARD)

2-FULL NAME Davis E. Weatherby

(a) RESIDENCE NO 4018 Belle Ave. ST. WARD 15-63

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie C. Weatherby

6 DATE OF BIRTH (month, day, and year) July 29, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	3 4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cashier 09
(b) General nature of industry, business, or establishment in which employed (or employer) Post-office
(c) Name of employer United States

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Jeremiah D. Weatherby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Ann Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phil. Pa.

14 Informant Nellie C. Weatherby

(Address) 4018 Belle Ave

15 Filed 8-1-1932 Huntington Williams, M.D. (Register)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Generalized Septicaemia following carbuncle of left shoulder, possibly.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

8/3/1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR REMOVAL Interment

DATE OF BURIAL 8/5/1932

20 UNDERTAKER J. B. Shepherd

ADDRESS 130 Eutaw St

THIS is very important See instructions on back of certificates. Exact statement of OCCUPA- ... may be properly classified.

M. D. R. 1265-9

81879 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81879

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 N Linden Ave St., 46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Virginia Gronewell

(a) Residence: No. 1909 Linden Ave St., ... Ward. 14-20
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert H. Gronewell

6. DATE OF BIRTH (month, day, year): Dec 12. 1855

7. AGE: Years 76 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Alexandria Va.

FATHER

13. NAME: James Cauley

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs. E. Smackpenner 1909 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/5 1932

19. UNDERTAKER (Address): Wm. Groh 1219 Eastern Ave Baltimore Md

20. FILED 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1932 to 8-3 1932

I last saw her alive on 8-2 1932 Death is said to have occurred on the date stated above, at 10. a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis & Chronic Cancer of Stomach	1929

Other contributory causes of importance:

None were evident

Name of operation ... Date of ✓

What test confirmed diagnosis? Symptomatic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓ 19...
Where did injury occur? 1904 Linden Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Peters Russell M. D.

(Address) 3902 Groveland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81880

CERTIFICATE OF DEATH

24

B 81880

1. PLACE OF DEATH Church Home + Infirmary — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N. Broadway St., ~~Ward~~)

Length of residence in city or town where death occurred 24 yrs. 3 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mr. Milton Keithley KEITHLEY

23-34

(a) Residence: No. 1502 Patapsco St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma Keithley

6. DATE OF BIRTH (month, day, year): April 13 1908

7. AGE: Years 24 | Months 3 | Days 21 22 | If LESS than 1 day, ..hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Webster C Keithley

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Emma L Mudrey

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Webster C. Keithley

(Address) 1502 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 8-8th 1932

19. UNDERTAKER: Mrs Chas A G. Rohde

(Address) 2327 Edmondson Ave

20. FILED AUG 8 1932 Hunter-Lee Funeral Home, Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): aug 4 1932

22. I HEREBY CERTIFY, That I attended deceased from april 15 1932 to aug 4 1932

I last saw him alive on aug 4 1932 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple brain abscess	4/15/32
Basilar meningitis	7/13/32

Other contributory causes of importance:

Name of operation Drainage of abscess Date of 6/2/32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard C Cumming M. D.

(Address) The Church Home and Infirmary

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec. 1-10-31 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81881 — CERTIFICATE OF DEATH. 82-003 — B 81881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2807 (ST.,) Silver Hill ave (WARD) — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Hans

(a) RESIDENCE NO. 2807 (ST.,) Silver Hill av (WARD) 28-64

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Deceased Lawrence Hans

6 DATE OF BIRTH (month, day, and year): Nov. 30 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Peter Kleemann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bavaria Germany

12 MAIDEN NAME OF MOTHER: Margaret Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Slovenia Germ

14 Informant: Laura Stiegler (Address) 2807 Silver Hill av.

15 Filed AUG 5 - 1932, 19 — Huntington Williams, Registrar — 3949

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Aug 3, 1932

that I last saw her alive on Aug 2, 1932

and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Senile Neurilis & Softeny of Brain

(duration) 1 yrs. 9 mos. 1 ds.

CONTRIBUTORY (Secondary): Cardiac Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E Clark M. D.

(Address) 3914 Pedermont 8/4 19 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 8-6th 1932

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 2327 Edmondson ave

Director

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very important. Name of industry, business, or establishment in which employed, is properly classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81882

CERTIFICATE OF DEATH

23 E 81882

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Glenolden Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis F Schmidt

(a) Residence: No. 609 Glenolden Ave St., Ward. 16-69

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth L Schmidt

6. DATE OF BIRTH (month, day, year) Aug 30 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	11	3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Steel Co.

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gustav H Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth L. Schmidt

(Address) 609 Glenolden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8 - 6th 1932

19. UNDERTAKER Moses A G Rabe

(Address) 232 Edmondson Ave

20. FILED AUG 5 - 1932 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Aug 3 1932

I last saw h.im alive on Aug 3 1932 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about Sept 1931
Other contributory causes of importance: Myocardial Degeneration & insufficiency	Dec 1931

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Mühl M. D.

(Address) 2901 Edmondson Ave

M. D. B. 1268-9

81883

HEALTH DEPARTMENT—CITY OF BALTIMORE

81883

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 Jackson St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernestine Freitag

(a) Residence: No. 1349 Jackson St., ... Ward. 24-33

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph H Freitag

6. DATE OF BIRTH (month, day, year): Jan. 22-1872

7. AGE: Years 60 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Jos. H Freitag

(Address) 1349 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross R.C. Date: 8-8-32

19. UNDERTAKER: E & B Hahn

(Address) 115 E West St

20. FILED ..... 19..... Registrar.

AUG 5-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-4-32

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to Aug 4 1932

that I saw her alive on Aug 4 1932. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation indefinite	
Exhaustion	8/4/32

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed: R. L. Campbell M. D.

8/4/32 (Address) 1644 Harlem Ave.

INSTRUCTION IS very important. See instructions on back of certificate.

AdCo. 5-31 250B

B 81884 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81884

CERTIFICATE OF DEATH X 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

12-51

2. FULL NAME William Gunn

(a) Residence: No. Harris, Michigan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 14, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer 0 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

FATHER

13. NAME Mathew Gunn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie McKewen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Bark River, Mich. Date Aug 5 1932

19. UNDERTAKER Harry A. Smith
(Address) 410 E. Lombard St. Baltimore, Md.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1932 to August 3, 1932

I last saw him alive on August 3, 1932 death is said to have occurred on the date stated above, at 6:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, active	?
Bronchial pneumonia	7-31-32
Pneumothorax (rupture superficial pulmonary abscess)	8-1-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harold V. Ford, M. D.
U.S. Marine Hospital
(Address)

M. D. B. 1268-9

81885 HEALTH DEPARTMENT—CITY OF BALTIMORE 81885

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____

CITY OF BALTIMORE: (No. 4940 Eastern Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmund Wright

(a) Residence: No. 2112 Oak St. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

12-51

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Wright

6. DATE OF BIRTH (month, day, year) Aug 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) unk

11. Total time (years) spent in this occupation unk

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

FATHER

13. NAME Wm Wright

14. BIRTHPLACE (city or town) (State or country) — Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records (Parent) (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 8/5 1932

19. UNDERTAKER Rayne Funeral (Address) 1413 E. Preston St.

20. FILED AUG 5 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Aug 2 1932

I last saw h alive on Aug 2 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb-1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bennett A. Stacy M. D.

(Address) City Hospitals

E 81886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

Registered No. E 81886

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Greenmount Avenue St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Bradford

(a) Residence: No. 2751 Alameda Boulevard St. Ward. 9-46

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) May 30, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas N. Bradford

14. BIRTHPLACE (city or town) -------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. McAdams

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT William N. Bradford
(Address) 2751 Alameda Boulevard

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 8/6 19 32

19. UNDERTAKER Henry U. Mears & Son
(Address) 803 N. Calvert St.

20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Aug 3 1932

I last saw ... alive on Aug 3 1932 Death is said to have occurred on the date stated above, at 5.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ulcer of Duodenum.	8/1/32
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wash. St

M. D. B. 1265

81887

HEALTH DEPARTMENT—CITY OF BALTIMORE 81887

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 93-003

CITY OF BALTIMORE: (No. 2916 Elliot St St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Waters

(a) Residence: No. 2916 Elliot St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Waters

6. DATE OF BIRTH (month, day, year) Nov 24, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Waters

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sassie Russell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records Balt. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Aug. 6, 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED AUG 5 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-26-1932 to 8-4-1932

I last saw him alive on 8-4-1932 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic & arteriosclerosis of aorta and aortic insufficiency	2 yrs ago
Other contributory causes of importance:	
acute myocardial insufficiency	week ago

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-4-32 (Signed) Elmer Highberger M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

E 81888 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81888

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Jones

15-21

(a) Residence: No. 1632 Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Jones

6. DATE OF BIRTH (month, day, year) 7-4-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	0	29 ??	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover, Va.

FATHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Ida Jones 1832 Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL Place M.E. Ridgeway Cemetery Date Aug 6 1932

19. UNDERTAKER (Address) Thomas E. Kelso 1303 Pressman St.

20. FILED Aug 8 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Lobular Pneumonia r^t lung	
General Arteriosclerosis	
Cardiac Hypertrophy	

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Joel Hagen M. D.

Coroner

(Address) 5006 Frankford

E. T. 1932

INSTRUCTION: This is very important. See instructions on back of certificate. Exact statement of

AACo. 5-11 2508

Arthur Palmer ✓ E 81889

81889 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 228 S. Bethel St., Ward)

Length of residence in city or town where death occurred E yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Palmer 3-4

(a) Residence: No. 228 S. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Palmer

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a40

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Richard Palmer

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

15. MAIDEN NAME Sarah Jenkins

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Robert Palmer

(Address) 728 d. Bethel S

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Aug 5 1932

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans Est. Huntington Heights, Md.

20. FILED 8-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14 32, 19..., to Aug 3 32, 19...

I last saw him alive on Aug 2 32, 19... death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Degeneration	July 14/32
Probably Ulcer	
Other contributory causes of importance:	
Ulcer of Stomach	July 14/32

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard L. Eslinger, M. D.

(Address) 514 E. Baltimore St.

AFFIDAVITS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

B 81890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 92-001 B 81890

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2007 Woodberry Ave St., 13 Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Catherine Reed

(a) Residence: No. 2007 Woodberry Ave St., 13 Ward. (If non-resident give city or town and State)
(Usual place of abode)

13-57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac L. Reed

6. DATE OF BIRTH (month, day, year): July 5-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Thomas Purnell

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary M. Sutton

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss. Blanche M. Reed

(Address) 2007 Woodberry Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Johns Ellicott City Aug. 6 1932

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED — 1932 — Huntington Howard, Jr. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21 1932 to Aug 4 1932

last saw h[illegible] alive on Aug 4 1932 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	6/21/32
	6/21/32

Other contributory causes of importance:

None

Name of operation: None Date of: ___

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) C. J. Trumbauer, M. D.

(Address) 3701 Keswick

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81891 B 81891

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH Hebrew Home for Aged Registered No. ....

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Levitt 27-56

(a) Residence: No. Belvedere & Greenspring Ward. Aves.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widow.

5a. If married, widowed, or divorced (or) WIFE of: Louis Levitt

6. DATE OF BIRTH (month, day, year): ? ? 1853

7. AGE: Years 79 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Philip Levitz
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Levitz
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Phillip Levitt - Son
(Address): 1600 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Woodlawn Rd Cem 8/5/32
Place

19. UNDERTAKER: Jack Levin Inc
(Address): 1439 E Baltic St

20. FILED: AUG 5 - 1932 Huntington W. Va. Registrar, N.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8 - 4 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932 to 8-4, 1932

I last saw h ee alive on 8-4, 1932 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-31-32
Hypertension	
Hemiplegia	12-?-31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Edmund Levin, M. D.

(Address) Lewindale

Instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81892

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81892

CERTIFICATE OF DEATH

18

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Anselmi

(a) RESIDENCE NO 1273 Hillman ST., 24-33 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Anselmi

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Ignacious Anselmi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anthony Monte

(Address) 122 E Raymond Ave Huntington Williams, W Va

15 Filed AUG - 1932 19 Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 4th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Spinal Meningitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D. Coroner

(Address) Aug 5 1932 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Bgm.

DATE OF BURIAL Aug 5th 1932

20 UNDERTAKER Fred A. Krause & Son.

ADDRESS 705 Hanover St

FORM Very important. See instructions on back of certificate. Last statement of OCCUPA-

AaCo. 5-31 250B

E 81893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81893

CERTIFICATE OF DEATH

46

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Calvert St. St., Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie F. Brady

12-19

(a) Residence: No. 1705 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hugh Augustus Brady

6. DATE OF BIRTH (month, day, year) Unknown 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Joseph Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Ennis

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lillian D. White

(Address) 1705 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date August 6th 19 32

19. UNDERTAKER Chas. F. Kraus & Son

(Address) 116 W. Mt. Royal Ave.

20. FILED AUG 8 1932 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3rd. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932, to Aug 3, 1932

I last saw her alive on Aug 3 1932 death is said to have occurred on the date stated above, at 6.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1 year
Other contributory causes of importance:	
—	

Name of operation None Date of —

What test confirmed diagnosis Diseased Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hobart Hubbard, M. D.
N.P. Director

(Address) 1403 Park

OCCUPATION is very important. See instructions on back of certificate.

B 81894

B 81894 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rhoda Boulden 17-24

(a) RESIDENCE NO. 656 Huffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Boulden

6 DATE OF BIRTH (month, day, and year): 3 1876

7 AGE: Years 56 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Ross

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John H. Boulden

(Address) 656 Huffman

15 Filed AUG 5 - 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-4 1932

17 I HEREBY CERTIFY, That I attended deceased from 7-23, 1932, to 8-4, 1932

that I last saw her alive on 8-4, 1932

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. E. McDonald M. D.

8-4-1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lion Cemetery — Date of Burial: Aug 6, 1932

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 3221 Schroeder St

very important. See instructions on back of certificates.

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

B 81895

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81895

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Clausman 26-37

(a) Residence: No. 706 S. Conkling St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Clausman

6. DATE OF BIRTH (month, day, year) Feb. 28 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6 5	25 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay, Grain Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Garrett Clausman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Clausman
(Address) 706 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lehnerts Date Aug. 6 1932

19. UNDERTAKER Lilly Bros. Inc.
(Address) 221 E. Lexington St.

20. FILED Aug 8 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17 1932 to Aug 3 1932
I last saw h[illegible] alive on Aug 3 1932 Death is said to have occurred on the date stated above, at 6:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Bilateral Bronchopneumonia	

Other contributory causes of importance:

Prostatic Hypertrophy

Name of operation Perineal Prostatectomy Date of 7-29-32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

INFORMATION IS very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81896

E 81896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Joseph Hosp (St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Johanna M. Dreher

(a) Residence: No. 311 N. Monford St. Ward. 8-12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Allen J. Dreher

6. DATE OF BIRTH (month, day, year): Oct 12-1909

7. AGE: Years 22 | Months 9 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Robt Schmellenkamp
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Minnie Lemken
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: R. B. Schmellenkamp
(Address): 2719 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem Date: Aug 6 1932

19. UNDERTAKER: Frank A. Funk
(Address): 915 N. Gay St

20. FILED: AUG 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Bichloride Mercury Poison	9 Days

Other contributory causes of importance:

Name of operation: ... Date of ...
What test confirmed diagnosis: Regular ... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Funk, M. D. Coroner
(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81897

E 81897.

CERTIFICATE OF DEATH

$2-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Dorchester Rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Walton Brewington

15-62

(a) Residence: 3503 Dorchester Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lula Teale Brewington

6. DATE OF BIRTH (month, day, year) Feb 13, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04-2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Henry Scott Brewington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edwina C Haymans

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Brewington

(Address) 3503 Dorchester Rd

18. BURIAL, CREMATION, REMOVAL Salisbury

Place Salisbury Md Date Aug 6, 1932

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eastern Ave

Huntington Ave

20. FILED Aug 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1932, to 8/3, 1932, that I last saw h— alive on 8/3, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) Wm A Stevens M. D.

(Address) 1901 Eastern Ave

This statement is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81898

CERTIFICATE OF DEATH 182-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 633 N. CENTRAL AV St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY BROWN 5-8

(a) Residence: No. 633 N. Central Ave., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1 Aug 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME EDWARD BROWN

14. BIRTHPLACE (city or town) (State or country) M. D.

MOTHER

15. MAIDEN NAME STELLA CHASE

16. BIRTHPLACE (city or town) (State or country) M. D.

17. INFORMANT Estella Brown
(Address) 633 Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date Aug 5. 1932

19. UNDERTAKER Mrs. J. G. Locks
(Address) 1302 Jefferson St.

20. FILED Aug 5 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 Aug 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Aug 3 1932
I last saw her alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 8-8½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
UNDETERMINED	
ACCIDENTAL	
SUFFOCATION	
PROBABLY	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/3 1932

Where did injury occur? City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Not known.

Nature of injury Probably suffocation

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Raspert Jacks M. D.

(Address) [illegible] HOSPITAL

M. D. B. 1268-9

B 81899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99399

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 137

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Mackall

(a) Residence: No. 1829 N Charles St., ... Ward. 12-19

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virtye

6. DATE OF BIRTH (month, day, year) 6-27-70

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trainman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Mackall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Suter

16. BIRTHPLACE (city or town) (State or country) Dc

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Olney Md Date 8/7 1932

19. UNDERTAKER Uniman Coale

(Address) 217 St Paul

20. FILED AUG 5 - 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932, to Aug 4, 1932

I last saw h.kwn alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	10-1-31

Other contributory causes of importance:

Anemia
Arteriosclerosis

Name of operation 0 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. M. Mackall, M. D.

(Address) Johns Hopkins Hospital

Please answer all questions as fully as possible. See instructions on back of certificate.

M. D. H. 1268-9

E. 81900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E. 81900

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., Ward)

Registered No. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lowe

(a) Residence: No. 1412 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Blackburn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Georgiana Dailey
(Address) 1412 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 8/6 1932

19. UNDERTAKER Samuel T. Hemsley
(Address) 2128 Pennsylvania Ave

20. FILED C 1932 Huntington Pittman, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 , 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Insufficiency	8/3/32
	over

Other contributory causes of importance:

Pneumonia right lung

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zellers Coroner, M. D.

(Address) 1213 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81901

CERTIFICATE OF DEATH

159 E 81901

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen'l Hospt.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hall · 16-68

(a) Residence: No. ... St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-1-32

7. AGE — Years | Months | Days | If LESS than 1 day, 9 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Gorner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Aug 5 1932

19. UNDERTAKER [illegible] Funeral Home.

(Address)

20. FILED [illegible] 1932 Huntington Williams M.D. Registrar. (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-1-32, 19 ... to 8-1-32, 19 ...

I last saw her alive on 8-1-32 19 ... death is said to have occurred on the date stated above, at 9.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81902

CERTIFICATE OF DEATH

36 B 81902

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hosp. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine Ozogluski 1-3

(a) Residence: No. 2520 Hoster Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mathew Ozogluski

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Ozogluski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Ozogluski

(Address) 1908 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 8 1932

19. UNDERTAKER J. J. Miller

(Address) 1235 W. Lexington Huntington Avenue, Md.

20. FILED 8 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-21-32 to 8-4 1932

I last saw h[illegible] alive on 8-4 1932 Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	9 days
(Cause unknown)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Allen B. Christ M. D.

(Address) Church Home & Hosp

5 1932

Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81903 (Mar)

CERTIFICATE OF DEATH X 133

E 81903

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. 7-9

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Sisk

(a) Residence: No. 130 Angle St., South Brownsville Ward. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): 2/11/12

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): 8/

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Daniel Sisk

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Fannie Gaitard

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Brownsville Pa. Date Aug 5. 1932

19. UNDERTAKER: John D. Mulholland (Address) 19 Huntington Avenue, Pa.

F. 1932 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8 5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 1 . 1932 to 8 5 . 1932

I last saw her alive on 8 5 . 1932 Death is said to have occurred on the date stated above, at 6 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic pyelonephritis	1930?

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Caroline C. Bidell M. D.

(Address) Johns Hopkins Hospital

Fill in all items—if none, write none. Be sure to answer every question. See instructions on back of certificate.

1-30—M & T—100 B—50L

B 81904

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81904

CERTIFICATE OF DEATH

001 ✓

82

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Puget ST. 25-32 WARD)

2-FULL NAME Beal Cook

(a) RESIDENCE NO 2612 Puget ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Cook

6 DATE OF BIRTH (month, day, and year) Dec ? 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	7	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Contractor of
(b) General nature of industry, business, or establishment in which employed (or employer) Laying cement foundations
(c) Name of employer Self

9 BIRTHPLACE (city or town) Essex County
(State or country) Virginia

PARENTS

10 NAME OF FATHER Benjamin Cook

11 BIRTHPLACE OF FATHER (city or town) Essex Co.
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Frances Robinson

13 BIRTHPLACE OF MOTHER (city or town) Essex Co.
(State or country) Virginia

14 Informant Payton Johnson
(Address) 611 N. Barre St.

15 Filed 8-1932 16 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3rd, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) Suddenly yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Thomas M. D. Coroner

8/5, 1932 (Address) 723 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem — DATE OF BURIAL Aug 6 1932

20 UNDERTAKER Joseph A. Lisle — ADDRESS 4122 Mount St

TION is very important See instructions on back of certificate. Exact statement of OCCUPA- ... be properly classified.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81905

CERTIFICATE OF DEATH

B 81905

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 10-14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Byers

(a) Residence: No. 1206 Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9/30/1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	10	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John I Byers

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Bertha Gallagher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John I Byers
(Address) 1206 N. Central

18. BURIAL, CREMATION, OR REMOVAL Aug 6/32
Place Holy Cross MC Date 19

19. UNDERTAKER Guyer & Routh Sons
(Address) 339 Hamilton Ave Hamilton Williams N.Z.

20. FILED Aug 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932 to Aug 4, 1932

I last saw her alive on Aug 4, 1932. Death is said to have occurred on the date stated above, at 2305 m.

The principal cause of death and related causes of importance were as follows:

Encephalitis — Date of onset .....

Other contributory causes of importance:

Acidosis

Secondary Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. F. Young, M. D.

(Address) St. Joseph's Hosp

See instructions on back of certificate. Every question must be answered. If none, state none. Exact statement is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81906 B 81906

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Hollins St. 16-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Austin

(a) Residence: No. 1224 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward Austin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sabina Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary McHale
(Address) 1224 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8 8 1932

19. UNDERTAKER John F. Edwards & Son
(Address) 901 Hollins St

20. FILED Aug 12 1932 Hunter Williams N.P. & City
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Aug 4 1932

I last saw h alive on Aug 4 1932 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypocondritis	1 yr.
Chronic Int. Nephritis	1 yr.

Other contributory causes of importance:

Chronic Int. Nephritis	1 yr.

Name of operation None Date of

What test confirmed diagnosis? Patient Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Hoey, M. D.

(Address) 1818 Fremont St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 81907. **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81907

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (Ward) 7-4

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Cole

(a) Residence: No. 603 W. Bond St. Ward. .....
(usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2-1932

7. AGE Years 8 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Viola Cooke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Cooke
(Address) 603 W. Bond St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Johnson Lady Date 8-6 1932

19. UNDERTAKER David Easton
(Address) 916 Pa Ave

20. FILED 8-6-1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
	3 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leech Coroner M. D.

(Address)

Instructions on back of certificate. See statement of ... very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81908

CERTIFICATE OF DEATH

B 81908

Registered No. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 E Eager St. 10-14 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Ruth

(a) Residence: No. 300 E Eager St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) Mar 14 1884

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 679

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert Ruth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wagner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie Ruth
(Address) 300 E Eager

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 6, 1932

19. UNDERTAKER Wm Cook
(Address) 247 E Biddle St
Huntington Pittsburgh Pa.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 - 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 to Aug 5 1932

I last saw h alive on Aug 1 1932 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
Duration	
Other contributory causes of importance Error of diet	
Duration	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Leek M. D.
Coroner

(Address)

Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81909 E 81909

CERTIFICATE OF DEATH

142-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.) 4 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Douglas Turner

(a) Residence: No. 2030 McCulloh St., Ward. Bond Rd
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race W C

5. Single, Married, Widowed, or Divorced (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Douglas

6. DATE OF BIRTH (month, day, year) Dec 23-1901

7. AGE Years 30 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Wm Hackett

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Ida Weems

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Douglas Turner

(Address) 2030 McCulloh

18. BURIAL, CREMATION, OR REMOVAL Place Boyd Md Date 8/7/32

19. UNDERTAKER Mrs. Geo. E. Kollar

(Address) 36 Dundalk Ave Huntington Indiana, N.J.

20. FILED ..... 1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage of Abdomen
Hematoma Ovary.
Hypertrophy of Uterus

Other contributory causes of importance:

Name of operation Autopsy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Falk Coroner, M. D.

(Address)

AaCo. 5-31 250B

81910

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81910

CERTIFICATE OF DEATH

Registered No. 9t-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Springdale Ave St., 28-64 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Ray Standiford

(a) Residence: No. 4608 Springdale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Standiford

6. DATE OF BIRTH (month, day, year) Oct 26 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ca
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

FATHER

13. NAME Benjamin Standford
14. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

MOTHER

15. MAIDEN NAME Martin
16. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

17. INFORMANT Emma A. Standford
(Address) 4608 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Fountain Christian Cemetery Date Aug 7 1932

19. UNDERTAKER Rudolph Long Inc
(Address) 2121 E. Baltimore

20. FILED AUG 8 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Aug, 1932
I last saw him alive on August 4 1932 death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Arteriosclerosis.	1-1-32
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. G. Driver M. D.
(Address) 3501 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

Director

M. D. B. 1268-9

81911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 B 81911

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 Lumbridge St. Ward 27-14

Length of residence in city or town where death occurred 65 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME William Wilbur Utley Sr.

(a) Residence: No. 504 Lumbridge St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R. Utley

6. DATE OF BIRTH (month, day, year) Dec 18 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vault Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fed Union Trust Co.

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John R. Utley

14. BIRTHPLACE (city or town) (State or country) unknown Penn.

MOTHER

15. MAIDEN NAME Sarah Allison

16. BIRTHPLACE (city or town) (State or country) unknown Penna

17. INFORMANT Mrs Anna R. Utley (wife)
(Address) 504 Lumbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug-8 1932

19. UNDERTAKER Stewart Mortuary Co
(Address) 108 W Mt Royal Ave

No. filed ... 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5/1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Aug 5 1932

I last saw h[im] alive on Aug 1 1932 Death is said to have occurred on the date stated above, at 9.54 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Ter. Carcinoma	
2. Hemiplegia	Sept 31

Other contributory causes of importance: Diabetes Mellitus

Name of operation ... Date of No

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. H. Hoe King M. D.

(Address) 5835 York Road

M. D. B. 1268-9

B 81912

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81912

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 St Paul St., 12-50 Ward)

Length of residence in city or town where died: Current ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabel Crawford Tudor

(a) Residence: No. 2116 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug 9 1857

7. AGE: Years: 74 | Months: 11 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 068

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 54 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Henry C. Tudor

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Martha Crawford

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Edw W. Tudor (Cousin-in-law)
(Address) 350 Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: 8/8/32

19. UNDERTAKER: Stewart & Co
(Address) 1224 Eutaw Ave.

20. FILED: AUG 10 1932 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY 2ND, 1932, to AUGUST 5th, 1932

I last saw her alive on AUGUST 5th, 1932. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	Feb 2nd 1932

Other contributory causes of importance:

Name of operation: None Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury: — 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Thomas L. Shearer, M. D.

(Address) 905 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81913

CERTIFICATE OF DEATH X 48 V

B 81913

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 St Dunstans Rd. Ward) 27-48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth 47 yrs. 2 mos. 28 ds.

2. FULL NAME Cora May Carter

(a) Residence: No. 607 St Dunstans st., Ward. Chamberlayne Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj A. Carter

6. DATE OF BIRTH (month, day, year): March 8 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Margo Virginia

FATHER

13. NAME: Thos B. Lewis

14. BIRTHPLACE (city or town) (State or country): Spotsylvania Virginia

MOTHER

15. MAIDEN NAME: Mary E Cunningham

16. BIRTHPLACE (city or town) (State or country): Otsego Co New York

17. INFORMANT (Address): Ruth L. Carter (daughter) Chamberlayne Va.

18. BURIAL, CREMATION, OR REMOVAL: Hollywood Va. Place: Fredericksburg Va Date: Aug 7, 1932

19. UNDERTAKER (Address): Edward Morris Co Fredericksburg Va

20. FILED: 8 1932 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to Aug 5, 1932

I last saw h.. alive on Aug 4, 1932. Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Fibrosum	8/1/31

Other contributory causes of importance:

Name of operation: Radium Date of: 5/1/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo T Rochelle M. D.

(Address) 6835 Yorktown Va

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 81914 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 VE 81914

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Williams & Caton Aves. St. 12-19 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Florence Kernell

(a) Residence: No. 217 E. 21st St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Kernell

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Charles Kernell
(Address) 217 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 8, 1932

19. UNDERTAKER W. M. Koutsen
(Address) 2235 W. North Ave

20. FILED AUG 10 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to August 6 1932

I last saw her alive on August 6, 1932. Death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid & rectum	

Other contributory causes of importance:

Name of operation Colostomy Date of 7 12 32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Govatos, M. D.

(Address) St Agnes Hospital

Registrar's Office Stamp: AUG 10 1932 Registrar

Vital Statistics Division

Instructions: Accuracy is very important. See instructions on back of certificate.

M. D. B. 1268-9

81915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81915

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Hospital St., 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Hall

(a) Residence: No. Howard Co, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	M.

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Bettie Hall

6. DATE OF BIRTH (month, day, year) about 61-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Betty Hall (Address) Elkridge City Md

18. BURIAL, CREMATION, OR REMOVAL. Place Highland Mem Date Aug 9 1932

19. UNDERTAKER (Name) [illegible] (Address) Elkridge City, Md

20. FILED 8-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/3 1932 to 8/5 1932

I last saw him alive on 8/5 1932 Death is said to have occurred on the date stated above, at 155 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs ago
Cardiac Decompensation	4/10/32
Nephritis, chr.	4 yrs ago
Generalized Anasarca	1 mo.
Chr. Valvular Heart disease	unk

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker street

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 81916

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay City Hospitals 9-18 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Staylor

(a) Residence: No. 900 E North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer Staylor

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Maryland

FATHER

13. NAME James M. Graham

14. BIRTHPLACE (city or town) (State or country) Deals Island

MOTHER

15. MAIDEN NAME Kate Webster

16. BIRTHPLACE (city or town) (State or country) Deals Island

17. INFORMANT James Graham
(Address) 202 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Deals Island Md Date 8 1932

19. UNDERTAKER J. J. Henderson
(Address) Asst. Supervisor Huntingtown Williams Md

20. FILED 8-9-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 1932 to 1932

I last saw h alive on Injury Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	8/6/32
Automobile Accident	8/6/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/6 1932
Where did injury occur? Back River Middle Neck Road
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Auto. in which she was
Nature of injury riding struck a tree.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Tokony Coroner M. D.
(Address) 200 E. Madison St

OCCUPATION is very important. See instructions on back of certificate. CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

1-30—M. & T.—100 B—50L

B 81917

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81917

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Cathedral St. ST. 11-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Jane Dinsmore Bishop.

(a) RESIDENCE NO. 509 Cathedral St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced, (or) WIFE of Walter P. Bishop.

6 DATE OF BIRTH (month, day, and year) July 25, 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	0	11/0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Irvin, Pa.

PARENTS

10 NAME OF FATHER ---- Dinsmore.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER ---- Griffith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Walter P. Bishop-(husband)

(Address) 509 Cathedral St.

15 Filed 6 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis.

Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Leinhardt, M. D. Coroner

8/6/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ebensburg Pa

DATE OF BURIAL: 8 7 1932

UNDERTAKER [illegible]

ADDRESS [illegible]

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 81918 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81918

CERTIFICATE OF DEATH

5H-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 26-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? 26 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Talraka

(a) Residence: No. 426 S. Bonsal St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Talraka

6. DATE OF BIRTH (month, day, year) May 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland - Lobsova

FATHER

13. NAME Frank Dul

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Regina Dul

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Dul

(Address) 426 S. Bonsal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Weirton, W. Va. Date 8/6/32 19

19. UNDERTAKER Geo. A. Weber

(Address) 701 E. Lanvale

20. FILED Aug 8 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932 to Aug 6, 1932

I last saw her alive on Aug 5, 1932 Death is said to have occurred on the date stated above, at 1:37 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	8-3-32
Other contributory causes of importance:	
Brain tumor	?

Name of operation Exchellor Exploration Date of 8-2-32

What test confirmed diagnosis? Physical exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Archie Cohen, M. D.

(Address) Sinai Hospital, Balto

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

B 81919

B 81919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2151 Cheslea Terrace St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bowers Brooks,

(a) RESIDENCE NO. 2151 Cheslea Terrace St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Pearl Brooks,

6 DATE OF BIRTH (month, day, and year) Aug. 21. 1876

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	55	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles H. Brooks,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary E. Bowers.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore md.

14 Informant Mrs. A Pearl Brooks,

(Address) 2151 Chelsea Terrace

15 Filed AUG 7 1932, 19

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932 to Aug 8, 1932

that I last saw him alive on Aug 7, 1932

and that death occurred, on the date stated above, at 4:20 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus, Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endarteritis Gangrene of leg

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

if not at place of death? — Amputation

Did an operation precede death? Yes Date of 1930 Leg

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Lemmon, M. D.

Aug 6 1932 (Address) 4309 Liberty Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial AUG 9 1932

20 UNDERTAKER Geo M Settle

ADDRESS 2700 EDMONDSON AVE

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81920

81920

CERTIFICATE OF DEATH

93-003

Registered No. 27-54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mr Lipman Brown

(a) Residence: No. Levindale Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Levine (Address) 1439 E Balto St

18. BURIAL, CREMATION, OR REMOVAL Herbrew Washington Blvd Date 8/7 1932

19. UNDERTAKER Jack Levine (Address) 1439 E Balto St

AUG 7 - 1932 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to Aug 6 1932

I last saw him alive on Aug 6 1932. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 2, 1932
~~Pulmonary Edema~~	Aug 6, 1932

Other contributory causes of importance:

~~Myocardial degeneration~~
Acute Mastoiditis
Chronic Myocarditis

Name of operation Mastoidectomy Date of Aug 1

What test confirmed diagnosis? Clin. diag. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. R. Cohen M. D.

(Address) Sinai Hospital Balto

OCCUPATION is very important. See instructions on back of certificate. Exact statement in plain terms, so that it may be properly classified.

M. D. B. 1268-9

81921

HEALTH DEPARTMENT—CITY OF BALTIMORE

81921

CERTIFICATE OF DEATH

V 66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 713 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Wasserman

(a) Residence: No. 1031 N. Caroline St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Wasserman

6. DATE OF BIRTH (month, day, year) ? 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Schearman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Dvamba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rosedale Cem Date 8-7- 1932

19. UNDERTAKER Jack Levin Inc. (Address) 1439 E Balto St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932 to August 6, 1932

I last saw her alive on August 6, 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Thyrotoxicosis — Date of onset ?

Other contributory causes of importance:

Pneumonia (Lobar) — 8-4-32

Pyelitis — ?

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. Brazil M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81922

HEALTH DEPARTMENT—CITY OF BALTIMORE

81922

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2862 Pelham Ave Ward 5-40)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard H. Miller

(a) Residence: No. 2862 Pelham Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)

5a. If married, widowed, or divorced, WIFE of (or) HUSBAND of: Katherine Miller

6. DATE OF BIRTH (month, day, year): Apr 29/1868

7. AGE: Years 64 | Months 3 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Door Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Union Trust Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Chas. Miller

14. BIRTHPLACE (city or town) (State or country): Ger.

MOTHER

15. MAIDEN NAME: Wiehenning

16. BIRTHPLACE (city or town) (State or country): Ger.

17. INFORMANT: Katherine Miller

(Address) 2862 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Aug 9 1932

19. UNDERTAKER: Philip Herwig

(Address) 2016 Edmondson Ave

20. FILED 8-7-1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th., 1932, to August 6th., 1932.

I last saw him alive on August 6th., 1932. Death is said to have occurred on the date stated above, at 11.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Myocarditis	"
Carcinoma of Liver	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Philip Arrigiani, M. D.

(Address) 2942 East Fayette Street.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 81923 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81923

V 89-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenbaum Hospital St. 6-37 Ward)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 8 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Kroft

(a) Residence: No. 706 S. Talbot St. Eastern St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/2 9/25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Raymond Kroft
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillian Granville
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Raymond Kroft.
(Address) 706 S. Talbot St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Oaklawn Cem Date Aug 9 1932

19. UNDERTAKER George W. Zinkan
(Address) 1737 E. Eager St.

20. FILED Aug 9 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/32

22. I HEREBY CERTIFY, That I attended deceased from 7/8/32, 19... to 8/6/32, 19... I last saw h[illegible] alive on 8/6/32, 19... death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	6 weeks ago

Other contributory causes of importance:

Staphylococcus Meningitis	7/31/32

Name of operation Mastoidectomy Date of 7/14/32

What test confirmed diagnosis [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.
(Address) Lyndenbaum Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

81924

HEALTH DEPARTMENT—CITY OF BALTIMORE

81924

CERTIFICATE OF DEATH

V 146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 25 years How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. ~~Sebastina~~ ~~Anna~~ Ferruggio

(a) Residence: No. 5002 Hartford ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pietro Ferruggio

6. DATE OF BIRTH (month, day, year) Jan. 20, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Samuel ~~Frangi~~ Tringale

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ~~Elizabeth~~ Tringale

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 8/6/32

19. UNDERTAKER George J. Roth Inc

(Address) 1235 Hanover St

20. FILED 1932 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/4, 1932 to 8/5, 1932

I last saw her alive on 8/5, 1932 Death is said to have occurred on the date stated above, at 7.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Pyelonephritis	5 days?
Other contributory causes of importance:	
Secondary Anemia	?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. F. Kerwin M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81925

HEALTH DEPARTMENT—CITY OF BALTIMORE

81925

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. St. 27-54 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Israel Rosenblatt

(a) Residence: No. Lemmdale Home St., Belvedere & Greenspring Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachama

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
74	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Rosenblatt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT I. Feldstein

(Address) 1127 E Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodeph Shalom Date Aug 7 1932

19. UNDERTAKER S. Levinson Bro

(Address) 1127 E Balto. St

20. FILED Aug 7 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to Aug 7 1932

I last saw him alive on Aug 7, 1932 Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Myocardial degeneration	
Diverticulitis of bladder	

Other contributory causes of importance:

Name of operation Diverticulectomy of bladder Date of Aug 4 1932

What test confirmed diagnosis? Clyn. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Cohen M. D.

(Address) Sinai Hospital.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 81926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81926

2623 81926 +V66-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Sterner

(a) Residence: No. 45 Admiral Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ragner

6. DATE OF BIRTH (month, day, year) 11-25-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Eiler Rakkolan

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Amanda Keppell

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St Matthews Cem Date Aug 8, 1932

19. UNDERTAKER John Lunch (Address) 2002 Orleans

20. FILED AUG 7 1932 (Signature of Registrar) Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932 to Aug - 6, 1932

I last saw her alive on Aug - 6, 1932 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic goiter	1924?

Other contributory causes of importance:

Name of operation Double partial lobectomy Date of Aug 5, '32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. L. Anderson M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is Very important. See instructions on back of certificate.

M. D. B. 1268-9

B 81927

B 81927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 152-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. St., 7-9 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B. Connelly
(a) Residence: No. 244 Collen Rd St., Dundalk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Enol Connelly

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Fredrie Altman

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Enol Connelly
(Address) Collen Rd

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Olivet Cemetery Aug 8. 1932

19. UNDERTAKER John Wendt
(Address) 1202 E Baltimore

20. FILED OCT 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5th 32

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease
Mitral Insufficiency

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

81928 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81928

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-33 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hawkins

(a) Residence: No. Cooksville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	N. S.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) Howard Co. (State or country)

MOTHER

15. MAIDEN NAME Maria France

16. BIRTHPLACE (city or town) Howard Co (State or country)

17. INFORMANT (Address) 1139 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Aug 8. 1932

19. UNDERTAKER J. A. Brooks (Address) 1463 W. Carey St.

20. FILED Aug 8 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to August 6, 1932

I last saw her alive on August 6, 1932 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June
Hypertention	June
Mitral Regurgitation	June

Other contributory causes of importance:

Senility

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carson C. Johnson, M. D.

(Address) 632 Baker Street

OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

B 81929

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81929

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hospital 16-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hallie Robinson

(a) RESIDENCE NO. 130 Harlem Ave. St. Ward New Jersey

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Robinson

6 DATE OF BIRTH (month, day, and year): Feb 27 1882

7 AGE: Years 50 Months 5 Days 10

IF LESS than 1 day .... hrs. or .... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Stephen McCullough

11 BIRTHPLACE OF FATHER (City or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Maggie Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant (Address): Arthur Robinson 135 Jefferson St Jersey City N.J.

15 Filed 8-1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 8-7

17 I HEREBY CERTIFY, That I attended deceased from 7-29, 1932, to 8-7, 1932, that I last saw h[illegible] alive on 8-7, 1932 and that death occurred, on the date stated above, at 8.05 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

Acute Nephritis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) George McDonnell M. D.

8-7, 1932 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jersey City N.J.

Date of Burial: Aug 8 1932

20 UNDERTAKER: Randall J. Stanley

ADDRESS 578 B'Belle

IMPORTANT: THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

81930 HEALTH DEPARTMENT—CITY OF BALTIMORE 81930

CERTIFICATE OF DEATH

√133

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lovey Copeland

(a) Residence: No. 1727 Calhoun St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Copeland

6. DATE OF BIRTH (month, day, year): May 23 1879

7. AGE: Years 53 | Months 2 | Days 13 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Suffolk, Va

FATHER

13. NAME: Nuen

14. BIRTHPLACE (city or town) (State or country): Suffolk Va

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Suffolk Va

17. INFORMANT: Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Suffolk Va Date Aug 8. 1932

19. UNDERTAKER: Samuel Heyenberg

(Address) 33 N Bradford St

20. FILED 1932 Huntington ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1932 to 8-6 1932

that saw h[illegible] alive on 8-6 1932 Death is said to have occurred on the date stated above, at 4:00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	7-16-32

Other contributory causes of importance:

Bronchopneumonia	3 days ago.

Name of operation None Date of —

What test confirmed diagnosis? Clinical + autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-7-32 (Signed) Elmer Highberger Jr. M. D.

(Address) Baltimore City Hospitals

See instructions on back of certificate.

M. D. B. 1215-3

E 81931 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81931

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1101 N. Fulton Ave. 16-22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Chas. C. Bouse
(a) Residence: No. 1101 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Bouse
6. DATE OF BIRTH (month, day, year) Jan 8-1875
7. AGE: Years 57 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Courtland C. Bouse
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Mary E. Twaller
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emily Bouse
(Address) 1101 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 9. 32
19. UNDERTAKER Wm Cook & Son
(Address) 1219 Eutaw St

20. FILED 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7. 32
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Polk Bouse, Coroner, M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81932 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81932

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3102 Glenmore Ave (St.) 27-43 (Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Thorwarth

(a) Residence: No. 3102 Glenmore Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Thorwarth

6. DATE OF BIRTH (month, day, year) Dec 31, 1874

7. AGE: Years 57 | Months 7 | Days 5 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Finishing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Balthazar Thorwarth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Keller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT C. H. Thorwarth (Address) 3102 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Finkelsen Date 8/8 No. 52

19. UNDERTAKER H. M. Cook (Address) 1217 E. Fayette St

20. FILED Aug 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1932 to Aug 5 1932

I last saw him alive on Aug 4 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis — Date of onset

Other contributory causes of importance:

Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jacob Fickus M. D.

(Address) 1823 N. Wash. St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81933 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81983

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 92-001

CITY OF BALTIMORE: (No. Baltimore Md St., 4-25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Poole

(a) Residence: No. 115 N. Greene St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 18, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William F. Poole

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Victoria E. Harwood

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/8/ 1933

19. UNDERTAKER Wm Cook
(Address) 115 St Paul St Huntington Hillside, N.Y.

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1933 to 8-4 1933

I last saw him alive on 8-4 1933 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease rheumatic [illegible]	
c mitral insufficiency	1
r Nephritis	

Other contributory causes of importance:

Myocardial insufficiency	one month
Uremia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

8-5-33 (Signed) Elmer Hitchcock M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81934 2 — 81934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

263

125-001

Registered No. 13-54

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Curtis Carter

(a) Residence: No. 2318 Druid ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/2/05

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Carter

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Date 19 32

19. UNDERTAKER

(Address) 638 N. Eutaw

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 . 19 32 to Aug 7 . 19 32

I last saw him alive on Aug 7 . 19 32 Death is said to have occurred on the date stated above, at 2 23 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver	June 10
(Not syphilitic or malignant)	
Other contributory causes of importance:	
Etiology unknown	

Name of operation ..... Date of .....

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

Instructions on back of certificate. See instructions on back of certificate.

AACo. 5-31 250B

E 81935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81935

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Valley St. St. 10-14 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Cain

(a) Residence: No. 1103 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Colgan

6. DATE OF BIRTH (month, day, year) Dec 31 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Court House
10. Date deceased last worked at this occupation (month and year) June 1932
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm S. Cain
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine O'Brien
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret A. Cain
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 10, 1932

19. UNDERTAKER Edwin W. Compton
(Address) 925 E. Eager St.

20. FILED AUG 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/10 1932 to 8/7 1932

I last saw h alive on 8/7 1932 death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Benesdorff, M. D.

(Address) 1216 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

F. D. B. 1268-9

81936 HEALTH DEPARTMENT—CITY OF BALTIMORE 81936

CERTIFICATE OF DEATH

51 V Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 42nd & Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME DeCourcy W. Thom

(a) Residence: No. 105 Wendover Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs. DeCourcy Thom (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph R. Thom

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ella Wright

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. S. Smith

(Address) Union Mem. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place St. Thomas' Garrison Forest Md Date Aug 8, 1932

19. UNDERTAKER Kenny N. Jenkins Son Co

(Address) McCulloh & Orchard Sts

20. FILED Aug 8, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to August 6, 1932

I last saw h im alive on August 6, 1932 Death is said to have occurred on the date stated above, at 9.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate gland	
Staphylococcus septicemia	July 23
Other contributory causes of importance:	
Congestion of kidneys	June 12

Name of operation Suprapubic prostatectomy Date of May 27, 32

What test confirmed diagnosis? Pathological examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Manuel A. Heath, M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of the particular work done, so that it may be properly classified.

M. D. B. 1268-9

B 81937

B 81937 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Murray

(a) Residence: No. 3202 Clearview Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence J Murray

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Decorator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs J. White
(Address) 3203 Clearview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 8/8/32

19. UNDERTAKER Harry H Wirzyka
(Address) 4601 Edmondson Ave

20. FILED AUG 9 - 1932 Huntington Tinsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Broncho-Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/2 . 1932

Where did injury occur? Joppa Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Fell down Stairs

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Agnew Filler M. D.
Coroner

(Address) 2709 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81938 E 81938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Brunt St. 14-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Murgle

(a) Residence: No. 1436 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) 1880

7. AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Ky

FATHER

13. NAME Esto Murgle

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mamie Murgle

(Address) 1436 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/9/32

19. UNDERTAKER Mrs. Geo. R. Holland

(Address) 1621 Druid Hill Ave

20. FILED ..... 19.... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of throat. Date of onset 3 months

Other contributory causes of importance:

Name of operation Regular Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Funk Coroner M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 81939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81939

CERTIFICATE OF DEATH

X 154

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. S. 16-26 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelia Turner

(a) RESIDENCE NO. 1038 ~~Wood~~ Edmondson Av. St. Ward Massachusetts

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12-1921

7 AGE: Years 10 Months 10 Days 24 IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. J.

(State or country)

PARENTS

10 NAME OF FATHER Isaiah Turner

11 BIRTHPLACE OF FATHER (City or town) N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Marie Patterson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Isaiah Turner

(Address) 1038 Edmondson Ave

15 Filed ... 19 ... Registrar

AUG 8 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6 1932

17 I HEREBY CERTIFY, That I attended deceased from 8/2, 1932, to 8/6, 1932, that I last saw h... alive on 8/6/32, 3.30 P, 1932, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of femur

Metastatic abscess (duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? yes Date of 8/6/32

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) B. H. Turner, M. D.

(Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial 8/9/1932

20 UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1631 Druid Hill

IMPORTANT—Carefully supply ALL items. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

81940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81940

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Walker

(a) RESIDENCE NO. 749 Bradley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Single~~

6 DATE OF BIRTH (month, day, and year): June 6 - 1899

7 AGE: Years 32 Months 2 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Chas. Miller

11 BIRTHPLACE OF FATHER (City or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Mary Sample

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Chas. Miller (Address) 749 Bradley

15 Filed AUG 8 - 1932

16 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

8 - 6

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1932, to 8-6, 1932

that I last saw her alive on 8-6, 1932

and that death occurred, on the date stated above, at 11 35 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. McDonald, M. D.

8-6, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 8/9/32

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS 1681 Druid Hill

Director

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

M. D. B. 1268-9

B 81941 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81941

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward) 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Ann Campbell

(a) Residence: No. 61 E. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 21 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Francis Earl Campbell

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret O Harris

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Margaret O Campbell
(Address) 61 E Monroe st

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Date Aug 8. 1932

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED 1932 Hunting the Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 , 1932 to Aug. 7, , 1932

I last saw h.r alive on Aug. 8, 1932 Death is said to have occurred on the date stated above, at 2 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hydrocephalus	at Birth
Spinabifida	
Malnutrition	
Bronchial pneumonia	Aug 5th

Other contributory causes of importance: none

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alfred Van Arnem M. D.

(Address) St. Agnes Hos

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81942

CERTIFICATE OF DEATH

Registered No. B 8/1942

1. PLACE OF DEATH Maryland Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. 11-24 St., Ward)
Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth 35 yrs. mos. da.

2. FULL NAME William Jankowsky
(a) Residence: No. Brooklyn Md. R.F.D. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Jankowsky

6. DATE OF BIRTH (month, day, year) April 7 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME John Jankowski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Pauline Schownski
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 10. 1932

19. UNDERTAKER Martin W. E. Dupal Inc
(Address) 37 E. Lanvale St.

20. FILED AUG 8 - 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1 . 1932 to Aug 7 . 1932
I last saw him alive on Aug 7 . 1932 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)
(1) External Hemorrhoids
Intestinal Obstruction

Other contributory causes of importance:
(2) Paralytic Ileus
(3) Malignant growth of Gastro-Intestinal Tract

Name of operation Hemorrhoidectomy Date of Aug 2-32
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. J. Brauer M. D.
(Address) Maryland Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jennie Creswell

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 81948

D. B. 1268-9

F 81948

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1004 Brentwood Ave. Ward. 16-23
Length of residence in city or town where death occurred 7 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Creswell
(a) Residence: No. 1004 Brentwood Ave. (Usual place of abode)

Registered No. 115
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. Color or Race C.
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) July 23,
7. AGE Years 9 Months 6 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. School Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City
(State or country) Maryland

MOTHER FATHER

13. NAME William Creswell
14. BIRTHPLACE (city or town) S. C.
(State or country)
15. MAIDEN NAME Nellie May Hoskins
16. BIRTHPLACE (city or town) S. Carolina
(State or country)

17. INFORMANT Louis Creswell
(Address) 1004 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Date Aug. 11, 1932
Place Mt. Auburn Cemetery

19. UNDERTAKER Leo Carroll Funeral Home
(Address) Huntingdon Pikesville
Registrar.

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932 to July 31, 1932
I last saw him alive on July 31, 1932 at 10 A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

My records show that he was ill quite a while before death from Chronic Nephritis

Other contributory causes of importance:

Edema of the Lungs and Uremia

Date of onset

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Lee Mott M.D.
(Address) 111 Mott

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81944

CERTIFICATE OF DEATH

B 81944

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hosp St. 27-46 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver J Whitehill
(a) Residence: No. 521 Glendar Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Whitehill

6. DATE OF BIRTH (month, day, year) May 25 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	46	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper, Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Bus
10. Date deceased last worked at this occupation (month and year) May 1932
11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Oliver Whitehall
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Ann Shea
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E Whitehall
(Address) 521 Glendar Ave

18. BURIAL, CREMATION, OR REMOVAL. Date Aug 3 1932
Place Loudon Park

19. UNDERTAKER Wm Rieck & Sons
(Address) 1214 E Lanvale St

20. FILED Aug 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to August 1 1932
I last saw him alive on Aug 1 1932 Death is said to have occurred on the date stated above, at 10 00 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Date of onset 6 days

Other contributory causes of importance:
Carcinoma of Bladder
Hypertensive Cardio Renal Disease
Generalized Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. J. Young M. D.
(Address) St Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 81945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81945

V 176

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore Genl Hosp 37 (Ward)
CITY OF BALTIMORE: (No. ..... St., ...
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Smith (Richards)

(a) Residence: No. 633 Rappolda St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno B. Smith

6. DATE OF BIRTH (month, day, year) Oct 13 - 1880 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51 ?	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Conrad G. Merz.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Margaret Keller
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martin J. Smith
(Address) 633 Rappolda St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Aug 9 1932 ?

19. UNDERTAKER Leonard J. Rieck
(Address) 2301 Hanford Rd

20. FILED Aug 9 1932 Huntington Williams Asst. Registrar

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... is of property classified.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to Aug 6 1932
I last saw h[illegible] alive on Aug 6 1932 death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows: Time Interval between Onset and Death

Suppurative Acute Cholecystitis	7-30-32
Acute Pancreatitis	8-2-32
Papilo-Phlebitis,	8-2-32
Subphrenic Abscess Left	

Other contributory causes of importance:
Chr. Cholecystitis c Cholelithiasis — Several Years

Name of operation None Date of ?
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip F. Jensen M. D.
(Address) West Baltimore General Hospital

Spec.—1-30—M. & T.—250 Blks

E 81946

E 81946

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 N. Eden ST., 10-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Franklin Myers

(a) RESIDENCE NO. 1046 N Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice W. Myers

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sarah Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Alice W. Myers

(Address) 1046 N Eden

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1932 to Aug 5, 1932.

that I last saw h.. alive on Aug 5, 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Uremia, Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Wm. Lloyd Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nat. Zion Cemetery

DATE OF BURIAL Aug 8 1932

20 UNDERTAKER John M. Johnson

ADDRESS 1845 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 81947

81947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 v

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Evesham Avenue, Govans ST. 27-44 WARD)

2. FULL NAME Mary Stansbury Browning

(a) RESIDENCE NO. 502 Evesham Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) ------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	----	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Fitter 069

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Hub

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: William E. Browning

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth J Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: William J. Browning
(Address): 502 Evesham Avenue

15 Filed ..... 19 ..... Registrar

8-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7. 1932

17

I HEREBY CERTIFY. That I attended deceased from July 28, 1931, to Aug. 7, 1932, that I last saw h[illegible] alive on Aug. 6. 1932, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of the Stomach.

History about 1 yrs. — mos. — ds.
(duration)

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Nov. 2. 1931

Was there an autopsy? no.

What test confirmed diagnosis? X Ray, Microscopic

(Signed) J. Brandt Brenizer, M. D.

8-7 1932 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 8/9 1932

20 UNDERTAKER: Henry U. Meakes and Son

ADDRESS: 805 N. Calvert

TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 81948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81948

CERTIFICATE OF DEATH

12/V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital, 15-68 St., ... (Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 15 yrs. 10 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernadine A. Bankard

(a) Residence: No. 2115 Ridgehill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Sngl

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 30 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Henry M Bankard
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER
15. MAIDEN NAME Nathalie A McGinnity
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Henry M Bankard
(Address) 2115 Ridgehill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Aug. 9 1932

19. UNDERTAKER Henry Abbott Sons Inc.
(Address) 1301 E Eager St

20. FILED Aug 10 1932 Registrar.
8-1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932 to Aug 6, 1932
I last saw her alive on Aug 6, 1932 death is said to have occurred on the date stated above, at 10 28 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	5-27-32
Appendiceal Abscess	5-29-32
Right Subdiaphragmatic Abscess	6-18-32
Right Pneumo-thorax	7-2-32
Other contributory causes of importance:	
Bronchopneumonia	7-25-32

Name of operation Appendicectomy Drainage Date of 6-21-32 6-22-32
What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) D. C. Stone, M. D.
(Address) Franklin Square Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 81949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 81949

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lt. Douglas Hospital 326-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lizzetta Redding

(a) Residence: No. 1105 Boulden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Redding

6. DATE OF BIRTH (month, day, year) Sept. 5, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lizzetta Amanda Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Lizzetta Rau

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert Redding

(Address) 1105 Boulden St

18. BURIAL, CREMATION, OR REMOVAL Cem.

Place Oak Lawn Date Aug 8, 1932

19. UNDERTAKER Stephen J. Fasbender Inc

(Address) 1012 Edgewood Ave

20. FILED AUG 8 1932 H. Hinton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1932 to August 5 1932

I last saw her alive on August 5 1932 Death is said to have occurred on the date stated above, at 8 10 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cute obstruction Jaundice

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. T. Young, M. D.

(Address) Lt. Douglas Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81950

CERTIFICATE OF DEATH

157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Henry Glenburnie Md

(a) Residence: No. Marley Park Beach St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-23-32

7. AGE	Years	Months	Days 14 2 wks	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herbert Henry

14. BIRTHPLACE (city or town) (State or country) D C

MOTHER

15. MAIDEN NAME Mildred George

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date Aug 8, 1932

19. UNDERTAKER Bernard Funk & Bro.
(Address) 784 Washington Blvd.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932 to Aug 7, 1932

I last saw h[illegible] alive on Aug 7, 1932. Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	7-23-32
Intussusception	?
Other contributory causes of importance:	
marasmus	?
Possible malformation of Brain	7-23-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. Collins M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81951 HEALTH DEPARTMENT—CITY OF BALTIMORE 81951

Berthea Turner

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 217 Madison St. 10-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Berthea Turner

(a) Residence: No. 217 Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Minnie Turner

6. DATE OF BIRTH (month, day, year): May 2-1887

7. AGE: Years 45 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Petersburg Va

FATHER

13. NAME: Berthea Turner

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Minnie Turner

(Address) 217 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place: Petersburg Va Date: Aug 8, 1932

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset: 5 Days

Other contributory causes of importance:

Name of operation: None — Date of: None

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) Petersburg Va

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81952

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md St., 18-36 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucinda Cannon

(a) Residence: No. 835 Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tucker

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mc Cauley St

FATHER

13. NAME Henry Allen

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Angeline Allen

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT (Address) Record Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Aug 8 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St. Baltimore, Md.

20. FILED Aug 8 1932 Mrs. Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14-1932 to 8-7-1932

I last saw her alive on 8-7-1932 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	10-31
Other contributory causes of importance: Myocardial insufficiency congestive	10-31
Auricular fibrillation	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Emmett Elmer Fisher M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1955-6

E 81953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81953

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hos 17-26 St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos H Coplin

(a) Residence: No. 529 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Marr

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1852

7. AGE: Years 79 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Coplin

14. BIRTHPLACE (city or town) (State or country) Ire

MOTHER

15. MAIDEN NAME Lucy Kney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucy Coplin (Address) 529 Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Aug 8 1932

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N. Schroeder St.

20. FILED Aug 8 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 32 to Aug 7 19 32

I last saw h alive on July 19 32 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	4 Days

Other contributory causes of importance:

Name of operation Regulus Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Polzuk Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81954 ✓ E 81954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2635 24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 18-76

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Simmons

(a) Residence: No. 111 N. Carrollton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-14-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry Simmons

14. BIRTHPLACE (city or town) (State or country) Fla

MOTHER

15. MAIDEN NAME Eliz Buchanan

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carburn Date Aug 8 1932

19. UNDERTAKER (Chas. S. Cooper
(Address) 514 N. Eutaw St

20. FILED Aug 8 1932 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1932 to Aug 5 1932

I last saw her alive on Aug 5 1932 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	July 32

Other contributory causes of importance:

Name of operation Lumbar Puncture Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A. Washington Jr M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81955 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81955

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 E. Fayette St., 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Edward Clarke

(a) Residence: No. 2738 E. Fayette St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug. 6/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Clarke

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louise Garlach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Robt. Clarke. Father
(Address) 3738 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Pinelawn Cem. Date aug. 8 1932

19. UNDERTAKER Riley & Zeile, Inc.
(Address) 2043 E. North Ave. Balto. Md.

20. FILED AUG 8 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-0-32 19 ... to 8-7-32 19 ...

I last saw him alive on 8-7-32 19 ... Death is said to have occurred on the date stated above, at 4 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Livida	8-6-32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Fiscella M. D. M. D.

(Address) 2214 E. Fayette St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81956

E 81956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Fleet St., 2-4 Ward)

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Carroll

(a) Residence: No. 1804 Fleet St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida B. Carroll

6. DATE OF BIRTH (month, day, year) Mch 19 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Asst
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Fireman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John J. Carroll
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Carroll
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ida B. Carroll Wife
(Address) 1804 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug. 9 1932

19. UNDERTAKER Lilly & Zifferer Inc.
(Address) 423 Park Ave.

20. FILED Aug 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1932 to Aug. 6 1932

I last saw him alive on Aug 6 1932 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset
Chronic Myocarditis

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) 432 S. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate. Last statement of

M. D. B. 1268-9

B 81957

B 81957 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., | - | Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Staylor (Joseph Staylor)

(a) Residence: No. 3037 Hudson St., / Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto, Md
(State or country)

FATHER

13. NAME Joseph A. Staylor

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Boyd

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Elizabeth Staylor (mother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date aug. 8th 1932

19. UNDERTAKER Lilly & Son Inc
(Address) 703 Lanvale St.

20. FILED ... 19 ... in ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23 1932 to August 7 1932

I last saw him alive on August 7 1932 Death is said to have occurred on the date stated above, at 5.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	3 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. I. Young M. D.

(Address) St. Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

81958 263 716 Med

HEALTH DEPARTMENT—CITY OF BALTIMORE 81958

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Watson

(a) Residence: No. 816 E St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) confession 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) last June

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Robert Watson

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Lula Outlaw

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT (Address) Relative JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 9, 1932

19. UNDERTAKER Mrs R. G. Elliott

(Address) 1125 Eastlandon.

20. FILED Aug 10, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1932, to 8-5, 1932

I last saw h[illegible] alive on 8-5, 1932. Death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyaline fibrin - hemorrhage perforation peritonitis bronchitis	7-17

Other contributory causes of importance:

Name of operation Closure of perforated gastric Date of 8-1-32

What test confirmed diagnosis? W. B. Wasserman Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

E 81959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81959

CERTIFICATE OF DEATH

145-001

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 1514 Division St. 78 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Bass

(a) RESIDENCE NO. 1523 E. Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 42 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Maston Bass

6 DATE OF BIRTH (month, day, and year): Feb 8. 1890

7 AGE: Years 42 Months 5 Days 28 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER: George Dennis

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Isabella Dennis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): St Marys County, Md.

14 Informant: Husband

(Address) 1523 E. Chase St.

15 Filed ..... 19 ..... Registrar

Director

AUG 6 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1932, to Aug. 6, 1932, that I last saw her alive on Aug. 6, 1932, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows: Puerperal Sepsis. Peritonitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? ?

If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. E. Butler, M. D.

8/6, 1932 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: Aug 10 1932

20 UNDERTAKER: Mrs. Robert Elliott — ADDRESS: Ashland & McClean Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

M. D. R. 1288-a

81960

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81960

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Navarre St., 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W Lutz

(a) Residence: No. 727 Navarre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V Williamson

6. DATE OF BIRTH (month, day, year) Dec 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	69	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lacquerer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glassworks

10. Date deceased last worked at this occupation (month and year) 30 yrs

11. Total time (years) spent in this occupation 30 y

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Melon White

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. William White Son.
(Address) 727 Navarre St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/10/32

19. UNDERTAKER Charles C Havens
(Address) 1521 Fort Ave

20. FILED Aug 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to Aug 7, 1932
I last saw him alive on Aug 6, 1932 Death is said to have occurred on the date stated above, at 12 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Indefinite
Other contributory causes of importance:	
Enterocolitis	8/5/32

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

Aug 8/32 (Signed) H. L. Campbell M. D.
(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 81961 HEALTH DEPARTMENT—CITY OF BALTIMORE 81961

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 E. Oliver St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Ruckle

(a) Residence: No. 1900 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Ruckle

6. DATE OF BIRTH (month, day, year) August 15, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Ball

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Canfield

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. J. S. Ruckle
(Address) 1732 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug 8 1932

19. UNDERTAKER Joseph H. Cook
(Address) 1002 W. Baltimore St.

20. FILED 1932 Huntington Hill, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1932

22. I HEREBY CERTIFY, That I attended deceased from February 18 1932 to August 5 1932

I last saw her alive on August 1 1932 death is said to have occurred on the date stated above, at 5.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 yrs.
Chronic Interstitial Nephritis	2 yrs
Arterial Hypertension	2 yrs
Myocardial Insufficiency	1 yr.

Other contributory causes of importance: Cardiac Dilatation 7 days

Name of operation None Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Greenberg M. D.

(Address) 2027 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1764-5

81962

Holter 81962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-17 Ward)

Length of residence in city or town where death occurred 7th yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Holter

(a) Residence: No. 1920 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/11/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Howard J. Holter
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME M. Margaret Rosenberg
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Howard J. Holter
(Address) 1920-E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/10/32 19

19. UNDERTAKER George J. Ruth Inc
(Address) 111 Reading or Lexington

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 32

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932 to August 7, 1932 19
I last saw her alive on August 7, 1932. Death is said to have occurred on the date stated above, at 6.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Right	3 days
Other contributory causes of importance: Mitral Stenosis + Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did Injury occur? .....
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. T. Young M. D.
(Address) St. Joseph Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 81963 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 81963

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Bradley St. 18-7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Woods

(a) Residence: No. 819 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write this word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1892

7. AGE: Years: 40 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0?0

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Police Dept Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Dodd College Date Aug 4 ... 19 32

19. UNDERTAKER: Wagner Bros.
(Address) Huntington Ave & Pimlico Rd

20. FILED Aug 4 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 2nd 32

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on Friday 19 32 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Duration ...
Sudden — Duration ...

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Link Coroner M. D.

(Address) ... Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81964

CERTIFICATE OF DEATH

23 B 81964

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1144 Low St., 5-8 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Mary Taylor

(a) Residence: No. 1144 Low St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): about 1907

7. AGE: Years about 25 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 041

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): U S

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Police Dept Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Aug 5, 1932

19. UNDERTAKER: Bonar Health
(Address) Lexington Market W.P.

20. FILED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on July 25 1932 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis — Duration of disease 2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Link Coroner, M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1268-9

B 81965

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81965

CERTIFICATE OF DEATH

X 92-001

1. PLACE OF DEATH Mercy Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-7 Ward)

Length of residence in city or town where death occurred 1 yr 5 How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rev William Schoberg S.J.

(a) Residence: No. Woodstock College St. Woodstock Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9 1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Joseph H. Schoberg

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Ferdinandena Hancke

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Brother
(Address) Woodstock Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock Cem Date 8-11 19 3

19. UNDERTAKER Bernard C Hartz
(Address) 1000 E Pratt St

20. FILED AUG 8 1932 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3 1932 to Aug 8 1932

I last saw him alive on Aug. 8 1932. Death is said to have occurred on the date stated above, at 9.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular Disease	15 yrs. ago.
Mitral Stenosis & Auricular fibrillation	3 yrs
Cerebral embolism	4 day
Broncho Pneumonia	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur J. Sinnott M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... so that it may be properly classified.

Spec.—8-16-29—L. F. S.—100 Bks.

E 81966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81966

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1128 Homewood Ave ST. 46 WARD

2—FULL NAME Catherine L. Cullen

(a) RESIDENCE NO. 1128 Homewood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Cullen.

6 DATE OF BIRTH (month, day, and year): Sept 14 / 57

7 AGE — Years: 74 | Months: 10 | Days: 22 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael Readon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Ellen Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: John Cullen

(Address): 1128 Homewood ave

15 Filed ..... 19 ..... Registrar

8-1932 Interim Williams MD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/6/32

17 I HEREBY CERTIFY, That I attended deceased from 6/2, 1932, to 8/6, 1932, that I last saw h alive on 8/5, 1932 and that death occurred, on the date stated above, at 9.10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ascending Colon

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Lowe M. D.

8/7, 1932 (Address) 716 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral (Cem)

DATE OF BURIAL: aug 9 1932

20 UNDERTAKER: Liston P. Fusselbaugh

ADDRESS: 2620 St Paul

Important. See instructions on back of certificates.

AACo. 5-31-250B

(Erland)

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81967

81967

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH U. S. Marine Hospital — 17-49

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17 Ward) 49

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Erland

(a) Residence: No. U. S. Marine Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT U. S. Marine Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug 7 1932

19. UNDERTAKER Harry H. Whitelaw
(Address) 410 Edmondson Ave.

20. FILED Aug 8 - 1932 Huntington Williams, M.D. Registrar. U. S. N. Clerk.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~May~~ July 29, 1924 to Aug 6, 1932
I last saw him alive on Aug 6, 1932 death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Unknown
Occlusion left coronary artery	Aug 6, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. L. Abbott, M. D.

(Address) U. S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 12682

E 81968 HEALTH DEPARTMENT—CITY OF BALTIMORE E 81968

E 81968

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Augustus Webster

(a) Residence (Usual place of abode) 52 Westminster St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, ~~Divorced~~ (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7-1931

7. AGE Years 1 Months 6 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME Herman Husband

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margt Tyler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Herman Husband

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Aug 10 1932

19. UNDERTAKER Geo. Dr. Wiles

(Address) Geo. Wiles & Son Huntington Pinnacle, Md

20. Filed 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Anemia and Acute Intestinal Disturbance

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate. Exact statement

M. D. B. 1268-9

81969 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81969

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 802 W. Saratoga St., 16-96 Ward.)
Length of residence in city or town where death occurred 59 yrs. + mos. + ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Meade Wilson -
(a) Residence: No. 802 W Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Wilson

6. DATE OF BIRTH (month, day, year) ——— 1868 -

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

FATHER
13. NAME Israel Mason
14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

MOTHER
15. MAIDEN NAME Elizabeth Brown
16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT Agnes Felix
(Address) 802 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 9 1932

19. UNDERTAKER James A. Dyer
(Address) 142 Mulberry St

20. FILED AUG 8 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/29 . 1932 to 8/6 . 1932
I last saw h[illegible] alive on 8/5 . 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
3 Days	

Other contributory causes of importance:

Chronic Nephritis	
Arteriosclerosis	

Name of operation — Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Brandon M. D.
(Address) 1717 Eutaw Pl

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

81970 B 81970

CERTIFICATE OF DEATH

7-186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-20 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jennie Boyd

(R) Residence: No. Glenburnie, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, Widowed, or divorced HUSBAND of (or) WIFE of Wm. Boyd

6. DATE OF BIRTH (month, day, year) Feb 12 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Lankenau

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sallie C Carr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Jennie Boyd

(Address) Glenburnie, Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/9 1932

19. UNDERTAKER Wm. C. Ent & Co

(Address) Baltimore, Md

20. FILED 8-6-1932 19..... REH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd 1932 to Aug. 8 1932

I last saw her alive on Aug. 8th 1932 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Neck of Femur (left)	8-3-32
Other contributory causes of importance: Bronchopneumonia	8-6-32

Name of operation Application of Cast Date of 8-4-32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-3 1932

Where did injury occur? Glenburnie, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in Bath Tub

Nature of injury Fracture Neck of Lft Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward W. Weaver M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81971

CERTIFICATE OF DEATH

13 | E 81971

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 407 Birmingham St. 24 (Ward) 6

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgiana Griffin

(a) Residence: No. 407 Birmingham St., Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (Husband of) (or) WIFE of: Joseph P. Griffin

6. DATE OF BIRTH (month, day, year): Sept 27th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0?

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md

FATHER

13. NAME: Lester D. Overton

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Joseph P Griffin 407 Birmingham Rd

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: 8/10/ 1932

19. UNDERTAKER (Address): Jno Cook 1217 Edmondson Ave

20. FILED: 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1932 to Aug. 8 1932

I last saw her alive on Aug 4 1932. Death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema & Myocardial Insufficiency	8/7/32
Other contributory causes of importance: Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. S. Gillsberry M. D.

(Address) 415 Cedarcroft Rd

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81972

B 81972

CERTIFICATE OF DEATH

REGISTERED NO. 93-004 B 81972

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mason Memorial Hospital ST., Wyoming & Fulton

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mahlon Slaysman

(a) RESIDENCE NO 632 Aull ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Anna M. Slaysman

6 DATE OF BIRTH (month, day, and year) Nov 2nd 1866

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander Slaysman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alexander Slaysman

(Address) 801 E. Fayette st

15 Filed ..... 19.. Huntington Wilkinson Registrar
8-1932 H.C.D.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Earl Hollman, M. D. Coroner

(Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 8/10/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

THIS IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 81973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81973

CERTIFICATE OF DEATH

V 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Albert Ward

(a) Residence: No. 1143 Mc Elderry St., E. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Walter Ward

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Della Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Della Ward

(Address) 1143 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 8-9-32

19. UNDERTAKER Bryce Brothers Funeral Home

(Address) 1701 E. Eager St. Baltimore, Md.

20. FILED AUG 9 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 19 32 to Aug 2, 19 32

I last saw him alive on Aug 2, 19 32 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull (comp.)	July 31 32
Other contributory causes of importance: Struck by automobile	July 31 32

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 31, 1932

Where did injury occur? Forest & Linden Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while playing in the street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph T. Young Coroner, M. D.

(Address) 2413 E. Madison St.

1-30—M. & T.—100 B—50L

E 81974

E 81974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) In front of Walbert Apartments. (WARD) 12-19

2-FULL NAME William H. Gough.

(a) RESIDENCE NO. Walbert Apartments. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ---------- mos. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If ~~married, widowed~~, or divorced HUSBAND of ~~(or) Wife of~~ Anna M. Gough.

6 DATE OF BIRTH (month, day, and year) December 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Belting Mfg.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rhode Island.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Margaret Gough. (daughter)
(Address) Walbert Apartments.

15 Filed AUG 9 1932, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test ~~confirmed~~ diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

8/8/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Aug 9. 1932

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Fremont Ave

81975 Form 10-L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81975

95-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 13-54

CITY OF BALTIMORE: (No. 2244 Linden Av ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gregory A Pebblain

(a) RESIDENCE NO. 2244 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. J. Pebblain

6 DATE OF BIRTH (month, day, and year): May 3/1845

7 AGE: Years 87 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Meredith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Miss Edna M Meredith

(Address) 1536 Linden Av

15 Filed: 8-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6/32

17

I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Aug. 6, 1932, that I last saw h[illegible] alive on Aug. 6, 1932 and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Senile endocarditis & heart failure

3 Yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic rheumatism

(duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. E. Smith M. D.

1932 (Address) 1468 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug 9 1932

20 UNDERTAKER: Stewart & Co

ADDRESS: 101 St Paul

Important. See instructions on back of certificates.

M. D. R. 1268-9

E 81976

E 81976 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Woodbrook Ave. 13-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie Matilda Haddaway

(a) Residence: No. 2826 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hugh A. Haddaway

6. DATE OF BIRTH (month, day, year) January 14-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chapel Md

FATHER

13. NAME James T. Kirby

14. BIRTHPLACE (city or town) (State or country) Chapel Md

MOTHER

15. MAIDEN NAME ? Gannon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr James A. Haddaway

(Address) 2826 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Md Date Aug 10, 1932

19. UNDERTAKER J. F. Fitzgerald & Son

(Address) 1002 Park Ave

20. FILED Aug 10 1932 Thomas F. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Aug 7 1932

I last saw h... alive on ..... 1932. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3 yrs
Arteriosclerosis	3 yrs
Hypertension	3 yrs

Other contributory causes of importance:

Myocarditis	4 mos
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

81977

HEALTH DEPARTMENT—CITY OF BALTIMORE

81977.

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Exeter St. 5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Anna Kraeger

(a) Residence: No. 417 N. Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Bernard Kraeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Hamman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Margaret Kraeger

(Address) 417 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 10, 1932

19. UNDERTAKER Henry Hoeck Sons, Inc.

(Address) 131 E. Eager St.

20. FILED Aug 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from from Oct. 1931 to Aug. 8, 1932

I last saw h alive on Aug 7, 1932 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	1930
Mitral insufficiency	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mary F Voegtlin M. D.

(Address) 1028 Valley St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 81978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 81978

177

1-PLACE OF DEATH
CITY OF BALTIMORE. (No.) 1808 Madison Ave (Ward) 20

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Bowman

(a) RESIDENCE NO. 1808 Madison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1888.

7 AGE: Years 44 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Margaret Clemens
(Address) Huntington, W. Va.

15 Filed AUG 9 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-6- 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1932 to Aug 6 — 1932
that I last saw her alive on Aug-6- 1932
and that death occurred, on the date stated above, at 6:30 p.m.
The CAUSE OF DEATH* was as follows:
Acute bronchitis non tuberculer
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Food poisoning Eating Spoiled Meat
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? Not Known
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. J. Coleman M. D.
1933 (Address) 1039 Mc Culloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery
DATE OF BURIAL: 8-10 1932
20 UNDERTAKER: Daniel Easton
ADDRESS 916 Eutaw

TION is very important See instructions on back of certificates.

M. D. B. 1268-0

E 81979 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81979

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

CITY OF BALTIMORE: (No. ..... St. 22-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucinda Wilson

(a) Residence: No. 509 W. Lee st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Ella Hohman

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8-10 1932

19. UNDERTAKER Mt Auburn
(Address) Dant Eyeland

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29 1931 to August 7 1932

I last saw her alive on August 7 1932 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	8-7-32
Pulmonary Tuberculosis	9-4-31
Other contributory causes of importance: Retroverted Uterus	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Braun M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81980

HEALTH DEPARTMENT—CITY OF BALTIMORE

81980

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Ashland Ave (Street) 13 (Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Nora Rosenberger.

(a) Residence: No. 2012 Ashland Ave., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 17-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	57	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Rosenberger.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Rosenberger.
(Address) 2012 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Aug 10. 1932

19. UNDERTAKER Geo M Smith & Son
(Address) 844 W Lexington St

20. FILED Aug 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Aug 7 1932

I last saw her alive on Aug 7 1932. Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 1-32

Other contributory causes of importance:

Cardiac Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) William L. Ely Jr. M. D.

(Address) 801 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

E 81981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81981

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Kelly

(a) Residence: No. 517 S. Caroline St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kelly

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — of

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md,

MOTHER

13. NAME Chas. —

14. BIRTHPLACE (city or town) (State or country) ?

FATHER

15. MAIDEN NAME Arabella Gardner

16. BIRTHPLACE (city or town) (State or country) Arizona

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 8/9/ 1932

19. UNDERTAKER J. J. Zahnzinger & Sons
(Address) 1[illegible] Light St.

20. FILED AUG - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1931 to 8-7 1932

I last saw him alive on 8-7 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arterio sclerotic with chronic myocardial insufficiency	8-1-31
Other contributory causes of importance: Mesenteric thrombosis	8-5-32

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-7-32 (Signed) Elmer Hijakyan M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 81982

E 81982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Huntingdon St. 25th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Snouffer

(a) Residence: No. 2809 Huntingdon Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Ella Snouffer

6. DATE OF BIRTH (month, day, year) Oct. 22/74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Coal & Wood Dlr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business for self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Richard T. Snouffer

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Caroline Simpson

16. BIRTHPLACE (city or town) (State or country) Ellicott city Md.

17. INFORMANT Mrs Nellie E. Jones

(Address) 402 Fawcett st.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Cem Date Aug. 11 1932

19. UNDERTAKER J. Walter Davis

(Address) 3415 Eastern Ave.

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27 1932 to August 8 1932

I last saw him alive on Aug 8 1932 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
& Myocarditis	
Personal Knowledge June 27 1932	
Other contributory causes of importance:	
Hypostatic Congestion	24 hour

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Addison M. D.

(Address) 817 Medical Arts Bldg

M. D. B. 1268-9

81983

81983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Good Shepherd Hospital — Registered No. ____
CITY OF BALTIMORE: (No. ____ St. 16-76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma V. Hayes

(a) Residence: No. 1311 Harlem Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	A. A.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Carson Hayes

6. DATE OF BIRTH (month, day, year) 5/30/64

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68	68	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caperstenia

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susianna Cheeman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daughter (Mary Maddox
(Address) 927 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Old Point Va Date Aug 10, 1932

19. UNDERTAKER Joseph A. Lucy
(Address) 1811 N. Monroe Street

20. FILED ____ 193__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1932 to 8/6, 1932
I last saw h[illegible] alive on 8/6, 1932. Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Sclerosis	unk
Hypertension	unk
Endocrine dysfunction	unk
Myocarditis	2 Mos.

Other contributory causes of importance:
Senility

Name of operation None Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Carson C. Johnson M. D.
(Address) 632 Baker St

E

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 81984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81984

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 S.Sharp St. ST. 22-31 WARD

2-FULL NAME Joseph J.Hall.(C)

(a) RESIDENCE NO 826 S.Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of Isabelle Hall.(C)

6 DATE OF BIRTH (month, day, and year) March 13, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Hall.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Harriett Brown.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Island, Md

14 Informant Isabella Hall.(C) wife.

(Address) 826 S.Sharp St.

15 Filed ..... 192 ..... Registrar

AUG 9 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Alan M. Steinhardt, M. D. Coroner

8/8/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Aug 11, 1932

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250M

81985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 81985

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 839 Vine St. 18-Ma (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Brooks

(a) Residence: No. 839 Vine St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Brooks

6. DATE OF BIRTH (month, day, year) May 7, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME James Nelson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Howard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence Brooks

(Address) 664 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Aug 10. 1932

19. UNDERTAKER Mrs Katie R Williams

(Address) 3224 Schroeder Ave

20. FILED Aug 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932 to Aug 7, 1932

I last saw her alive on Aug 7, 1932 death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 5 1932

Other contributory causes of importance:

Hypertension	April 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Forster M. D.

(Address) 1524 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 81986 HEALTH DEPARTMENT—CITY OF BALTIMORE F 81986

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital Ward 25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. mos. ..ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Cowan

(a) Residence: No. 304 N. Greene St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Aug 3 . 1932

19. UNDERTAKER Commissioner Health.
(Address) Huntington, W. Va.

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to 19

I last saw h alive on ..... . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by illuminating gas. Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 1 . 1932

Where did injury occur? 304 N. Greene St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Zeller, M. D.
Coroner

(Address) 259 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81987

CERTIFICATE OF DEATH

107 E 81987

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Buck

(a) Residence: No. 443 Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. W. McKelley Date Aug 9 1932

19. UNDERTAKER Commissioner Health.
(Address) ... Baltimore, Md.

20. FILED ... 19 ... Registrar.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Myocardial Insufficiency	
Other contributory causes of importance: Broncho-pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

81988

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81988

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals (Ward) 19

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Hayes

(a) Residence: No. 312 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hayes

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Ernestes Hayes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Woodley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs M. Hayes

(Address) 312 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place ...t Mud College Date Aug 9 . 19 32

19. UNDERTAKER ... & Co.

(Address) ... Washington Courthouse, O.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 2739 Western Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 81989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 81989

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 17-24

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Jenkins

(a) Residence: No. 555 Orchard st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mercy Jenkins

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

FATHER

13. NAME George Jenkins

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary Little

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Aug 9 . 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Aug 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23 . 1932 to Aug. 7 . 1932

I last saw him alive on Aug. 7 . 1932 Death is said to have occurred on the date stated above, at 11.10 m p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Bennett A. Stow M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81990

B 81990

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave 2nd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emmett Payton

(a) Residence: No. 523 W Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Louisa Co. Va

FATHER

13. NAME Bank Payton

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Eliza Berkley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jo. Med Colley Date Aug 9 . 1932

19. UNDERTAKER
(Address)

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-13 . 1932, to 8-6 . 1932.

I last saw him alive on 8-6 . 1932. Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis, Acute (Pulmonary)	Mar 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bennett A. Stacy . M. D.

(Address) City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81991

CERTIFICATE OF DEATH

E 81991

1. PLACE OF DEATH Baltimore City Hospital 5-4 108

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Atkinson

(a) Residence: No. 164 Aisquith St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline —

6. DATE OF BIRTH (month, day, year) July 12/60

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Seattle Wash.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna McGilderry

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Record Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med College Date Aug 9, 1932

19. UNDERTAKER (Address) [illegible]

20. FILED AUG 9 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1932 to 8-6, 1932

I last saw him alive on 8-6, 1932 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	7-25-32
Other contributory causes of importance: Exposure	7-25-32

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

8-7-32 (Signed) Elmer Hitchcock M. D.

(Address) Baltimore City Hospitals

Commissioner Health

Attending Physician

Coroner

Undertaker

Informant

Certificate

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 81992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

B 81992

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. B-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY CLARK

(a) Residence: No. 202 S. DALLAS St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
PREMATURE			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME JAMES REVERS

11. BIRTHPLACE (city or town) 424 LEWIS. ST
(State or country) S.C.

MOTHER

15. MAIDEN NAME MARY CLARK

16. BIRTHPLACE (city or town) 202 S. DALLAS ST
(State or country) MD.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med Colleye Date Aug 9 19 32

19. UNDERTAKER .....
(Address)

20. FILED 8-9-1932 Hunter for Wilmer MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 , 1932 to Aug 4 , 1932
I last saw him alive on Aug 4 , 1932 Death is said to have occurred on the date stated above, at 8-5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul A Jack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

B 81993 HEALTH DEPARTMENT—CITY OF BALTIMORE B 81993

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto. Gen. Hosp. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Bortle.

(a) Residence: No. 3033 Elm Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 25, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year) 6/32

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Bortle

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Miranda Shipley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Bortle

(Address) 3033 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Aug 11, 1932

19. UNDERTAKER Thurwell Lore

(Address) 3615-17 Eastern Ave

Huntington Hillcrest, N.Y.

20. FILED 1932 by W. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1932, to 8/8, 1932

I last saw h... alive on 8/8 1932 death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial intestinal obstruction (post-operative)	8/1/32.
Other contributory causes of importance: Sepsemia	ooo

Name of operation Appendectomy Date of 7/29/32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur Chas. Tennyson M. D.

(Address) 207 Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81994

CERTIFICATE OF DEATH

59

B 81994

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Elwood ave. ST. 1-2 WARD)

2—FULL NAME Laura V. Hannigan

(a) RESIDENCE NO. 411 S. Elwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Diamond Hannigan

6 DATE OF BIRTH (month, day, and year) August 1, 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glen Rock Pennsylvania

PARENTS

10 NAME OF FATHER John Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Margaret Hendrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs Magser

(Address) 411 S Elwood Ave.

15 Filed AUG 9 1932 Huntington Williams, M.D. A.P.A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to Aug. 8, 1932,

that I last saw h[illegible] alive on Aug. 8, 1932

and that death occurred, on the date stated above, at 11,45 P.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Diabetes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Jamison, M. D.

, 19 (Address) 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant, Pennsylvania

DATE OF BURIAL Aug. 11, 1932

20 UNDERTAKER E. Leroy Stiller, Inc.

ADDRESS 125 E. North Ave.

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81995

B 81995

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH 1843 W. Fayette St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1843 W. Fayette St ST. 19-27 WARD)

2—FULL NAME Joseph Jerome Fell.

(a) RESIDENCE NO. 1843 W. Fayette St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy H. Fell

6 DATE OF BIRTH (month, day, and year) Aug 8, 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator. St

(b) General nature of industry, business, or establishment in which employed (or employer) Dyers.

(c) Name of employer Fresh Meadows Yarn Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Fell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Lena Schombing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Irene Fell

(Address) 1843 W. Fayette St

15 Filed Aug 9 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7-1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 7, 1932, that I last saw h-- alive on Aug 7, 1932 and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Auscultation Jeb

(Signed) J M Dekenff, M. D.

Aug 9 1932 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 9, 1932

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto

important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 81996 E 81996

CERTIFICATE OF DEATH

Registered No. 15-67 93-803

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 910 Longwood St., (Ward) 15-67

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Brunner

(a) Residence: No. 910 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 22 1890

7. AGE: Years 42 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc.: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

FATHER

13. NAME: Edwin F Brunner

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME: Emma R Miller

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Erma Wilcox

(Address) 910 Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place: Frederick Md Date 8-13 1932

19. UNDERTAKER: Harry E Cook

(Address) 34 E Patrick St Frederick Md

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1 yrs

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

81997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 B 81997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1246 N. Broadway ST. 8-13 WARD)

2-FULL NAME Ida V. Hutchings

(a) RESIDENCE NO. 1246 N. Broadway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward R. Hutchings

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1860,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Thos. Bosworth

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Andrews

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Lillie B. Hutchings
(Address) 1246 N. Broadway

15 Filed 8-1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8 1932

17 I HEREBY CERTIFY, That I attended deceased from March, 1932, to Aug 8, 1932

that I last saw h[illegible] alive on Aug 7, 19

and that death occurred, on the date stated above, at 3:10 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of the Rectum

(duration) yrs. 6 mos. ds.

CONTRIBUTORY Coma
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

8/8/32 (Signed) Alex A Gage M. D.

(Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Aug. 11 1932

20 UNDERTAKER: Wm. C. Black ADDRESS: 927 N. Broadway

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

Dr Herzog 1205 N. Patterson Park Ave

81998 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81998

CERTIFICATE OF DEATH

34 Dr. Herzog

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 9-27

CITY OF BALTIMORE: (No. 4940 Eastern Ave. St., Psychopathic Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willis G. Weaver

(a) Residence: No. 1602 W. Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Weaver

6. DATE OF BIRTH (month, day, year) March 23, 1894

7. AGE 39	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	17	15'

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Harry Weaver

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Clara Davis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/81 193

19. UNDERTAKER Wm. Cook
(Address) 207 E Paul st

20. FILED 1932 Huntington Ave 193 G. B. K Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Aug. 8 1932

I last saw h im alive on Aug. 8 1932 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Paralytica	5-23-32

Other contributory causes of importance:

Pyelonephritis
Head injuries

Name of operation no Date of —

What test confirmed diagnosis ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of Injury 8-8- 1932

Where did injury occur? Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of Injury Fell and struck head

Nature of Injury Contusions possible concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Bruce Schaefer M. D.

(Address) Balto City Hosps.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 81999

B 81995

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph Hosp. St. 12-5 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Mc Sulliffe

(a) Residence: No. 2136 E 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. If Single, Married, Widowed, or Divorced (write which) Widowed

5a. If married, widowed, or divorced
(or) WIFE of Cornelius McSulliffe

6. DATE OF BIRTH (month, day, and year) Dec 21 1874

7. AGE: Years 57 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min. 16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Cornelia Mc Sulliffe
(Address) 2136 E 21 St City

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Aug 10 1932

19. UNDERTAKER Wm Coot
(Address) 1217 E 37 Penna Ave

20. FILED Aug 9 1932 19... R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Months
Cirrhosis	Months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner ... M. D.
(Address)

See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82000

B 82000

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5014 Cordelia Ave Ward 46 27-36

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Mullet

(a) Residence: No. 5014 Cordelia Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married,~~ widowed ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Emma F. Mullet

6. DATE OF BIRTH (month, day, year) Feb 8th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. American R'ln Express

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth F. Mullet
(Address) 5014 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 10th 1932

19. UNDERTAKER Wm Cook
(Address) 1317 E. Baltimore St

20. FILED AUG 6 1932 Huntington Ville, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1932 to Aug 8th, 1932

I last saw h— alive on Aug 6th, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach,	
metastasis Liver	

Other contributory causes of importance:

Senile Exhaustion	6 mos

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) C. B. Lemmon, M. D.

(Address) 4936 Baltimore Ave Balto Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

B 82001

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82001

CERTIFICATE OF DEATH.

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 220 W. Hamburg ST. 23-31 (WARD)

2-FULL NAME Baby Lillian Johnson

(a) RESIDENCE NO. 220 W. Hamburg ST., 22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1		14 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Anna Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Evelyn Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Anna Johnson (Address) 220 W Hamburg St

15 Filed 1932 Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8/ 1932

17 I HEREBY CERTIFY, That I attended deceased from 7/30, 1932 to 8/8/, 1932

that I last saw ~~her~~ alive on 8/8/, 1932

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Cardiac Dilatation

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Physical & History

(Signed) W. H. Bishop M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemtery

DATE OF BURIAL 8/11 1932

20 UNDERTAKER Walter B Zepp

ADDRESS 139 W. Hamburg St

AUG 9

MEDICAL EXAMINER should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

82002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 82002

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 15-21 St. 12-80 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Johnson

(a) Residence: No. 619 Collett St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Johnson

6. DATE OF BIRTH (month, day, year) April 4, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano-mover

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Abraham Johnson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Elisabeth Fairfax

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas Cemetery Date Aug. 10. 1932
Castle Co Md

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED 1932 Huntington Millicie MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from 7/29/32 . 19 . to 8/7/32 . 19

I last saw him alive on 8/7/32 . 19 . Death is said to have occurred on the date stated above at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myeloid leukemia	7-19-32
Other contributory causes of importance:	
Bronchopneumonia	3 days ago

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

8-8-32 If so, specify

(Signed) Elmer Highberger M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 82003 HEALTH DEPARTMENT—CITY OF BALTIMORE B 82003

263

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-10 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leon Cohen

(a) Residence: No. 2307 E Fairmount ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/22/15

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Bernard Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Horwitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Cem Date 8-10- 1932

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Baltimore St

20. FILED AUG 10 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to Aug 9, 1932

I last saw h[illegible] alive on Aug 9, 1932 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myeloid leukemia	? Aug 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C Rudd, M. D.

(Address) Johns Hopkins Hospital

Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1246-9

82004

HEALTH DEPARTMENT—CITY OF BALTIMORE

82004

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hosp. 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (or)

Length of residence in city or town) ~~(if not in city)~~ yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Lomax

(a) Residence: No. 1 Spruce Rd Dundalk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female

3. Color or Race: Col

4. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Dec 13 1931

7. AGE — Years: — Months: 7 — Days: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Patrick Lomax

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Fannie Reynolds

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Fannie Lomax
Address: 1 Spruce Rd Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place: Catonsville Date: Aug 10 1932

19. UNDERTAKER: Wm. R. Elliott
(Address) 1 Spruce Rd Dundalk, Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19..

I last saw h... alive on ....., 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Colitis 4 days — Date of onset

Other contributory causes of importance: Rachitis

Name of operation ..... Date of .....

What test confirmed diagnosis: Regular — Was there an autopsy? No

26. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. Leitch Coroner, M. D.

(Address) Catonsville

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 82005 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82005

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. Ann Street St. 2-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 52 yrs. ..... mos. ..... ds.

2. FULL NAME Jozefa Andrysiak

(a) Residence: No. 307 South Ann St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Jonn Andrysiak

6. DATE OF BIRTH (month, day, year) March, 10th/1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	5 7	0 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Wozniak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jadwiga ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Andrysiak
(Address) 307 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Aug, 12th 19 32

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

Hunter's Point Williams, N.Y.

20. FILED AUG 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug, 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1932 to Aug. 9, 1932
I last saw h[illegible] R alive on Aug. 9 1932 death is said to have occurred on the date stated above, at 1[illegible] A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	July 24
Chronic Nephritis	July 24.
Other contributory causes of importance: Hemiplegia (left)	Jul. 24

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John V. Jaworski M. D.

(Address) 1802 Eastern Ave

Director

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 82006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82006

CERTIFICATE OF DEATH.

46

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Pulaski ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George J. Roesch

(a) RESIDENCE NO. 1729 Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Roesch

6 DATE OF BIRTH (month, day, and year) July 16 - 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Roesch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kein

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country) ~~Germany~~

14 Informant Margaret Roesch

(Address) 1729 Pulaski

15 Filed 1932 19 Huntington, Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-9-1932

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Aug 9, 1932,

that I last saw him alive on August 9, 1932,

and that death occurred, on the date stated above, at 1-10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of liver

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical & X-Ray

(Signed) Dr. Samuels, M. D.

, 19 (Address) 1-129 W. Centre

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer

DATE OF BURIAL Aug. 11 1932

20 UNDERTAKER Joseph Eyfer

ADDRESS 1608 N. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

US

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82007

CERTIFICATE OF DEATH

√23

E 82007

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (The.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23-31 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Hall

(a) Residence: No. 922 S. Sharp st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hall

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework ,37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Lawrence Acney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 11, 1932

19. UNDERTAKER James A. Staub
(Address) 142 W. Saratoga St

20. FILED AUG 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1932 to Aug. 7, 1932

I last saw her alive on August 7, 1932. Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1, 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Steen, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. All should be stated EXACTLY. Print plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 82008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82008

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Peters

(a) Residence: No. Baltimore, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Peters

6. DATE OF BIRTH (month, day, year) Sept 20 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Hawkins
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lethe Lovering
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8-10 1932

19. UNDERTAKER Wayne Easton
(Address) 916 Penna Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1932 to 8/7 1932

I last saw her alive on 8/7 1932 Death is said to have occurred on the date stated above, at 10 [illegible] m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral femoral thrombosis (arteries)	4/4/32
Other contributory causes of importance: Myocardial insufficiency	1 day

Name of operation Left and right hysterectomy Date of 7/5/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Jno Goodman M. D.

(Address) Mercy Hospital

Information sought on carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 82009 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 82009

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. ..... St. 17-24 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Holland

(a) Residence: No. 1132 Ellery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced .(write the word)
M	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69(?)	unknown	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8-10 1932

19. UNDERTAKER David Taylor
(Address) 916 Pennsylvania Ave

20. FILED AUG 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1932 to 8-8 1932

I last saw him alive on 8-8 1932 Death is said to have occurred on the date stated above, at 12.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rt Jaw with regional Metastases Secondary Anemia	? ? ?
Other contributory causes of importance: Bronchopneumonia	8-5 32

Name of operation None Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Schaefer M. D.
(Address) Balto City Hosps

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82010 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 82010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Mc Culloh St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. X ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Jones

(a) Residence: No. 624 Mc Culloh St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years 53 Months Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mac Winter (Address) 626 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 8-10 1932

19. UNDERTAKER Daniel Easton (Address) 2[illegible] Pa ave.

20. FILED AUG 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th (c) 1932

22. I HEREBY CERTIFY That I attended deceased from ... 19 ... to ... 19 ... I last saw him alive on Aug 5 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation Negative Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 82011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82011

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 19-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tom Henderson

(a) Residence: No. 509 N. Gilmor St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Henderson

6. DATE OF BIRTH (month, day, year) Mar – 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wool Sorter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wool Mill
10. Date deceased last worked at this occupation (month and year) 8/1/32
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unk
14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Addie Henderson
(Address) 509 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date Aug 12 1932

19. UNDERTAKER James W. Hayes
(Address) 42 N. Mill St.

AUG 10 1932

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1932, to 8-8, 1932

I last saw h/m alive on 8-8, 1932 death is said to have occurred on the date stated above, at 4.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Lues	
Aneurism of Ascending Aorta	
Ruptured Aortic Aneurism	8-8-32
into Esophagus	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Luhrs, M. D.
(Address) South Balto. Gen. Hosp.

Information should be entered in ordinary language. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

82012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F ✓ E 82012

CERTIFICATE OF DEATH

213

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ft. of Benhill St. Curtis Bay. 10-14 WARD)

2-FULL NAME Jones Jeffries.

(a) RESIDENCE NO 1103 Ashland Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married HUSBAND of Maggie Jeffries.

6 DATE OF BIRTH (month, day, and year) August 1, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	0	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Munsen Line.

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Maggie Jeffries. (wife)
(Address) 1103 Ashland Ave.

15 Filed AUG 1 0 1932, 192 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Accidental fall into hold of S/S Otsorka.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner
8/8/32, 19 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Actony County

DATE OF BURIAL Aug 10 1932

UNDERTAKER Robert Williams

ADDRESS 15 E. Eager St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 82013

E 82013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4950 Edgemere Ave ST., 27-56 (WARD)

2-FULL NAME Margaret Lunsenmeyer.

(a) RESIDENCE NO. 4950 Edgemere Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 75 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Lunsenmeyer

6 DATE OF BIRTH (month, day, and year) Sept 27. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	85	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Germany

PARENTS

10 NAME OF FATHER Vitus Baumlein

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant Thomas Lehnert.

(Address) 4950 Edgemere Ave

15 Filed OCT 13 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9 - 1932.

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1930, to Aug. 9, 1932, that I last saw her alive on August 5, 1932, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Chronic Myocarditis

(duration) 5 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical findings

(Signed) C. Wellner Stewart, M. D.

8/9, 1932 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre DATE OF BURIAL Aug 12 1932

UNDERTAKER George L. Schwab ADDRESS 2101 Eu...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UC 13 1932

M. D. R. 1268-9

8'2014

HEALTH DEPARTMENT—CITY OF BALTIMORE

8'2014

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 West Monument St. 11-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Hicks

(a) Residence: No. 808 West Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	—	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Charles W. Hicks

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Gertrude Cornish

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Gertrude Hicks (mother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Monument & Md Date Aug 10, 19 32

19. UNDERTAKER
(Address)

20. FILED Aug 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1932, to August 5, 1932

I last saw him alive on August 5, 1932. Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 30 w/c.	
Maternal Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ernest A Kundy Jr M. D.

(Address) Bmd. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

B 32015 25907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32015

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St. 9-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Pugh

(a) Residence: No. Portland, Ark. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Pugh

6. DATE OF BIRTH (month, day, year) Sept-6-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Hays Pugh

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Nannie Dean

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Portland Ark Date Aug 10. 1932

19. UNDERTAKER John O. Mitchell & Son (Address) 1900 Eutaw Place

20. FILED Aug 10 1932 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22 . 1932 to Aug 9 . 1932

I last saw him alive on Aug 7 . 1932 Death is said to have occurred on the date stated above, at 12:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute leukemia (myeloid type)	

Other contributory causes of importance:

Sinusitis Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Study as there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Henry H Lowden . M. D.

(Address) Johns Hopkins Hosp Balt. Md

Spec.—8-16-29—L. F. S.—100 Bks.

E 82016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82016

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Race ST. 23-36 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Ernest

(a) RESIDENCE NO. 1613 Race ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sue Ball

6 DATE OF BIRTH (month, day, and year) dec 11-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22 21	4 7	3 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hurst Bros

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Charles Ernest

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hohn

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Chas Ernest

(Address) 1613 Race St

15 [illegible] 19 Huntington Williams, M.D. C.A.H. Registrar Director

G 10 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 32

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to Aug 8, 1932, that I last saw h[illegible] alive on Aug 8, 1932 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Enteritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H Mullechner, M. D.

8/9, 1932 (Address) 1319 Register St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem a.a.

DATE OF BURIAL Aug 12 1932

20 UNDERTAKER Margaret J. Flynn

ADDRESS 1422 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

E 82017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 82017

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1107 Brentwood Ave. ST. 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Patrick Vaughan

(a) RESIDENCE NO. 1107 Brentwood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. unknown ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Vaughan

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery business

(c) Name of employer Frey & Son

9 BIRTHPLACE (city or town) Utica,
(State or country) N. Y.

PARENTS

10 NAME OF FATHER Patrick Vaughan

11 BIRTHPLACE OF FATHER (city or town) King's Co.
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Brigid Carlin

13 BIRTHPLACE OF MOTHER (city or town) Queen's Co.
(State or country) Ireland

14 Informant Catherine E. Vaughan
(Address) 1107 Brentwood Ave

15 Filed 10 1932, 19 Hunter Williams, M.D. Registrar
R.B.S. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1929, 19, to Aug. 9, 1932, 19, that I last saw him alive on July 29, 1932, 19, and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Geo. B. Sybert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Aug 12 1932
20 UNDERTAKER	ADDRESS
Chas. F. Kraus & Son	11 W. Mt. Royal Ave

important. See instructions on back of certificates.

B 82018

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B 82018

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 27 N. Ann St. 2-4 WARD)

2 FULL NAME Ellen Lee Mc Cahan

(Residence in Baltimore: No. 27 N. Ann St.: 67 yrs. 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Oct. 4th (Month) (Day), 1864 (Year)

7 AGE: 67 yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Daniel Mc Cahan

11 BIRTHPLACE OF FATHER (State or country): Balto. City

12 MAIDEN NAME OF MOTHER: Mary F. Mc Dermott

13 BIRTHPLACE OF MOTHER (State or country): Rhode Island

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) (Sister) Agnes Mc Cahan
(Address) 27 N. Ann St

15 Huntington Williams, M.D.
(Filed) 8/12 REGISTRAR

101932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 8th (Month) (Day), 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25th, 1932, to Aug 8th 1932, that I saw her alive on Aug 8th, 1932, and that death occurred, on the date stated above, at 5.10 P. m.
The CAUSE OF DEATH* was as follows:

Cancer of Rectum & Sigmoid (Adeno Carcinoma)
(Duration) yrs. 8 mos. ds

Contributory (SECONDARY) Secondary Anemia & Obstruction (Duration) 2 yrs. - mos. 3 ds.

(Signed) J. Dawson Reeder M. D.
Aug 8th, 1932 (Address) 30 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 8/11/1932

20 UNDERTAKER: J. A. Noonan ADDRESS: 3000 E. Pratt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 82019 HEALTH DEPARTMENT—CITY OF BALTIMORE B 82019

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 17-26 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edwards

(a) Residence: No. 741 George St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Edwards

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME Louis Edwards

14. BIRTHPLACE (city or town) (State or country) NC.

MOTHER

15. MAIDEN NAME Roberta Wilcox

16. BIRTHPLACE (city or town) (State or country) NC.

17. INFORMANT Jacob Edwards 741 George St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Weldon NC. Date 8/10 1932

19. UNDERTAKER Walter B. Dyer & Son.

(Address) Baltimore

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to stab wound of left internal Mammary Artery

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 8/7 1932

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether occurred in industry, in home, or in public place Other Place

Manner of injury Stabbed pen knife

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Eugene Zeller M. D. Coroner

(Address) 539 Cathedral

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82020

HEALTH DEPARTMENT—CITY OF BALTIMORE

82020

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 E. Preston St. 16-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Callsen

(a) Residence: No. 1213 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Harry H. Callsen

6. DATE OF BIRTH (month, day, year) Dec 6 70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Joseph Zebafer

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Wilhelmina

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Harry H. Callsen

(Address) 1213 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 8/12/32

19. UNDERTAKER Philip Herwig

(Address) 2414 Orleans St.

AUG 11 1932

Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932 to Aug 9 1932

I last saw her alive on Aug 9, 1932. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	

Other contributory causes of importance:

Myocarditis
Phlebitis

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman G Yoos M. D.

(Address) 5106 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 82021 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82021

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Korber

(a) Residence: No. 2877 Philadelphia Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Korber

6. DATE OF BIRTH (month, day, year) May 27/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	13 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Trust Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Korber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartzbeym Date 8/13/32

19. UNDERTAKER Philip Hornig
(Address) 2016 Orleans St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1932 to 8-10, 1932

I last saw him alive on 8-10, 1932 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	12 years
Chronic Myocarditis	12 years
Acute & Chronic Passive Congestion of Lungs, Spleen & Kidneys	?
Heart Block (8-4-32)	16 hours
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation None Date of

What test confirmed diagnosis? clinical + laboratory findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

3224 Georgia Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

82022

82022

CERTIFICATE OF DEATH

Registered No. 9H-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Old Pikesville Rd Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Rosa Grigsberg

(a) Residence: No. 4200 Old Pikesville Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year)

7. AGE Years 82 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sadie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Hayden

(Address) 4200 Old Pikesville Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Rosedale Cemetery 8-11. 1932

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

19a. FILED AUG 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1932 to Aug 11 1932

I last saw her alive on Aug 9 11 1932 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Harbert M. D.

(Address) 3224 Georgia Ave

STATISTICAL USE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2¹0B

E 82023 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82023

CERTIFICATE OF DEATH

~~46~~

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Dupont Ave. St. 27-56 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Scott Barnard Doing

(a) Residence: No. 3308 Dupont Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide A. Kelly Doing

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles H. Doing

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Herald

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Adelaide A. Doing
(Address) 3308 Dupont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 11 32

19. UNDERTAKER Percy J. Smith
(Address) 4101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

1 11932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to Aug 9 1932

I last saw h[illegible] alive on Aug 9 1932 death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinoma	
Other contributory causes of importance:	
Cachexia	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) Herman D. Yost M. D.

(Address) 5106 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1206-9

E 82024

E 82024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Carrollton Ave. Ward) 16-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? 83 yrs. 2 mos. 25 ds.

2. FULL NAME John Wesley Arnold

(a) Residence: No. 713 N. Carrollton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah E. Arnold

6. DATE OF BIRTH (month, day, year): May-14-1849

7. AGE: Years 83 | Months 2 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inspector in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: State Bd/ Health

10. Date deceased last worked at this occupation (month and year): about 1930

11. Total time (years) spent in this occupation: about 20 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Francis Arnold

14. BIRTHPLACE (city or town) (State or country): Middlesex England

MOTHER

15. MAIDEN NAME: Miss Mitchell

16. BIRTHPLACE (city or town) (State or country): Prince George Co Maryland

17. INFORMANT: Mrs Mary Arnold Lutz

(Address) 713 N Carrollton

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug-11 19 32

19. UNDERTAKER: Saurin Brothers

(Address) Baltimore

20. FILED AUG 11 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-6- 1932 to Aug 8- 1932

I last saw h... alive on Aug 8th, 1932. Death is said to have occurred on the date stated above, at 2 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	about X
with uremic convulsions, terminal	4 hrs
failure, Arterio sclerosis	yrs
& senility	2 yrs
Other contributory causes of importance:	
None	

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Cole, M. D.

(Address) 703 Cathedral

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82025

Spec. 215 — 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82025

V 23

CERTIFICATE OF DEATH

REGISTERED NO. 16-23

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital (Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Currald

(a) RESIDENCE NO. 822 N. Carrollton Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 60 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Jonas town (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-9 1932

17 I HEREBY CERTIFY, That I attended deceased from 8-1, 1932, to 8-9, 1932, that I last saw h. alive on 8-9, 1932, and that death occurred, on the date stated above, at 3:40 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 31 ds.

CONTRIBUTORY (Secondary) Tuberculosis (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George M. Arnold M. D.

8-9, 1932 (Address) Resident

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Age Men + Women Home 822 N. Carrollton Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial Aug 11 1932

20 UNDERTAKER: Samuel T. Hemsley ADDRESS 78 Biddle

15 Filed AUG 11 1932, 19 Registrar: Huntington Williams, M.D. Director

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F.M. 82026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82026

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. 17-23 St. Freedmen's Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Idolia Gilmore

(a) Residence: No. 1100 Myrtle ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Howard Gilmore

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Maggie Somerville

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date Aug 13, 1932

19. UNDERTAKER Mrs Lukas G. Bailey
(Address) 1421 Jefferson St

20. FILED ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to August 9, 1932

I last saw her alive on August 9, 1932 Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AACo. 5-31 250B

E 82027. HEALTH DEPARTMENT—CITY OF BALTIMORE E 82027.

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Memorial Hospital 49

CITY OF BALTIMORE: (No. 1000 Caton Avenue St., 10-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret L. Todd

(a) Residence: No. 714 Forest St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textiles Bus.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md

FATHER

13. NAME Michael Todd

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary A Savage

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Sinai Memorial Hosp
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 12 1932

19. UNDERTAKER Pyle & Tuckfield
(Address) 913 Cummings Bldg

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to 8-10-32 1932
I last saw her alive on 8-10-32 1932 death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	?
General Carcinomatosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Van Ormer, M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 11 1932

AaCo. 5-31 250B

E 82028 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82028

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Stalling St. 19-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Whelan Rogan

(a) Residence: No. 1520 Stallings St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Chas ev Rogan

14. BIRTHPLACE (city or town) Martinsburg (State or country) W. Va.

MOTHER

15. MAIDEN NAME Agnes Mannion

16. BIRTHPLACE (city or town) Ballintass Ballinamore Bridge Co Galway (State or country) Ireland

17. INFORMANT M. Chas Rogan

(Address) 1520 Stallings

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date 8/13 19 32

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1315 E. Fayette St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, 19 ... to August 10, 1932

I last saw him alive on August 10 1932 death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans with Post Cerebral involvement	24 mos. ago?
Other contributory causes of importance:	
Lobular Pneumonia	Aug 6 1932

Name of operation none Date of

What test confirmed diagnosis? Signs Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 82029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82029

CERTIFICATE OF DEATH

93-002

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Woodbury ave St.) (Ward) 37

Length of residence in city or town where death occurred 64 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Harry E. Sterling

(a) Residence: No. 2103 Woodbury ave St., ... Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	white	married

5a. ~~If~~ married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) C. Mae Sterling

6. DATE OF BIRTH (month, day, year) Sept. 15 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62.	10.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Trust Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Christopher Sterling

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Cavano

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs C. Mae Sterling Wife

(Address) 2103 Woodbury ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug. 13. 1932

19. UNDERTAKER J. Kelly Davis

(Address) 324 E Chestnut Ave.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to Aug. 10, 1932

I last saw him alive on Aug 10 1932 death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset Unknown

Other contributory causes of importance:

Myocarditis — Several Months

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H B McClean, M. D.

(Address) 31 E North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82030 V 54 E 82030

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Rolen

(a) RESIDENCE NO. 1608 S Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: Watson

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 59 — Months: — Days: — IF LESS than 1 day hrs. or min.:

1873 Feb 15

59 - 5 - 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: David Thomas

11 BIRTHPLACE OF FATHER (City or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Cassandra Johnson

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: G. Abram Thomas

(Address): 1616 E. Pratt St.

15 Filed AUG 1 1932 16 Registrar: Huntington, Virginia

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10 1932

17 I HEREBY CERTIFY, That I attended deceased from 7-20, 1932, to 8-10, 1932, that I last saw h[illegible] alive on 8-10, 1932, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 7/31/32

Was there an autopsy? no

What test confirmed diagnosis? Path. & Clinical

(Signed) B Harris, M. D.

8/10 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Aug. 14 1932

20 UNDERTAKER: Theodore White — ADDRESS: 1138 Wolfe St

Director

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 82031 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82031

CERTIFICATE OF DEATH

V 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Wisteria St 16-67 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Andrew Dumont

(a) Residence: No. 1100 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Agnes Dumont

6. DATE OF BIRTH (month, day, year) January 29-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	11	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arden Laundry

10. Date deceased last worked at this occupation (month and year) 6-1934 | 11. Total time (years) spent in this occupation 7yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Dumont

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Barbara Kohn

16. BIRTHPLACE (city or town) (State or country) Trier Germany

17. INFORMANT Mrs. Helen Meyers

(Address) 1110 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8 | 13 | 32 19

19. UNDERTAKER George Myers & Son

(Address) 2512 Edmondson Ave

20. FILED AUG 11 1932, 19... Victor Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10- 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1- 1930, to August 10- 1932

I last saw him alive on August 10- 1932 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Obstruction of Heart	July 1 1932
Other contributory causes of importance:	
Chronic Heart Disease	unknown
Hypertension	unknown

Name of operation none Date of ...

What test confirmed diagnosis? P.S Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-a

E 82032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82032

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Longwood St. 15-67 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick E Gibney

(a) Residence: No. 2007 Longwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bridget Gibney

6. DATE OF BIRTH (month, day, year) Jan 26 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 61

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Gibney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Costello

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bridget C Gibney
(Address) 2007 Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 8/13 1932

19. UNDERTAKER George A Farley
(Address) Fulton Ave & Forest Pk

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Aug 10 1932

I last saw h alive on Aug 7 1932 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 10

Other contributory causes of importance: Senile Exhaustion

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

82033

HEALTH DEPARTMENT—CITY OF BALTIMORE

82033

CERTIFICATE OF DEATH.

157-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Decker ave. ST. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Roth

(a) RESIDENCE NO. 714 S Decker ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-11-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Roth

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn Mallonee

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Henry Roth (Father)

(Address) 714 S Decker Ave.

15 Filed 8 11 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-11 1932

17

I HEREBY CERTIFY, That I attended deceased from 8-11, 1932, to 8-11, 1932, that I last saw her alive on 8-11, 1932 and that death occurred, on the date stated above, at 2:35 PM.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

A Patent Foramen Ovale

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul Fuller, M. D.

8/11, 19 (Address) 1000 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem DATE OF BURIAL Aug 11 1932

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

R 82034

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 82034

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 8-17 Ward)

Registered No. ..

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Silberzahn

(a) Residence: No. 1410 N Bethel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Silberzahn

6. DATE OF BIRTH (month, day, year) Sept 6 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Silberzahn

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records at Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 13, 1932

19. UNDERTAKER Charles A. Mee

(Address) 1600 Madison Ave

20. FILED AUG 13 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h~ alive on ..., 19... Death is said to have occurred on the date stated above, at 4:09 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bichloride of Mercury Poisoning (Suicide)

Other contributory causes of importance:

Alcoholism

Name of operation Clinical Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 8/4, 1932

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Took Bichloride of Mercury

Nature of injury Intoxication

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. Bernard Brandt M. D.

Coroner

(Address) 1305 N Bethel St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82035 263764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82035

CERTIFICATE OF DEATH

Registered No. 53 V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 9-4 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miles B. Hagood

(a) Residence: No. Barnwell St. ... Ward. S. Ca.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hagood

6. DATE OF BIRTH (month, day, year) Dec 7 - 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Ca.

FATHER

13. NAME J. B. Hagood

14. BIRTHPLACE (city or town) (State or country) S. Ca.

MOTHER

15. MAIDEN NAME Anna Sams

16. BIRTHPLACE (city or town) (State or country) S. Ca.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Barnwell, South Carolina Date Aug. 11, 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander

(Address) Baltimore St. & Broadway

20. FILED ... 1932 Huntington, Indiana Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1932, to Aug 11th, 1932

I last saw h ... alive on Aug 11, 1932. Death is said to have occurred on the date stated above, at 5 10 ½ m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - Cerebral Glioma - malignant — Duration Sev. wks.

Other contributory causes of importance:

None

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Reddy Gee M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

263697 B 82036

CERTIFICATE OF DEATH

B 82036

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Foster

(a) Residence: No. 852 Hanover Place (Usual place of abode) Lawrence Park, Erie Pa. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of James (same)

6. DATE OF BIRTH (month, day, year) Oct 26, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32 33	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Frank Marsh

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Luella Salsbury

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL Place Erie Pennsylvania. Date Aug 11, 1932

19. UNDERTAKER John Ullrich (Address) 2008 Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1932 to Aug 10 1932

I last saw her alive on Aug. 10 1932 Death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage - cerebral	2 months
Cause unknown -	
Will have to wait until Brain Surgeons can be consulted	

Other contributory causes of importance:

none

Name of operation Right craniotomy Date of 8-9-32

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred W Veil, M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82037

CERTIFICATE OF DEATH

E 82037

1. PLACE OF DEATH Md. Gen Hospital 27-53 122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Clark.

(a) Residence: No. 704 Gladstone ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female.	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 yrs 11	2	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Addison Clarke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nannie J. Summerton

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Aug 12 1932

19. UNDERTAKER Henry W. Eakins Sons Co
(Address) McCulloh & Orchard Sts

20. FILED ..... 19 ..... Registrar.

Huntington Williams N.Y.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from August 2 1932 to Aug 11 1932

I last saw her alive on Aug 11 1932 Death is said to have occurred on the date stated above, at 8.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	Aug 2, 32

Other contributory causes of importance:

Myocarditis	

Name of operation Release of adhesions Date of 8/5/32

What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Taylor M. D.

(Address) Md. Gen. Hospital

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

82038

CERTIFICATE OF DEATH

13 B 82038

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Catalpha Road) Ward 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Blair

(a) Residence: No. 5209 Catalpha Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Mortimer W. Blair

6. DATE OF BIRTH (month, day, year) July 27th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Abrahams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Susan Partridge

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Beatrice A. Blair
(Address) 5209 Catalpha Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 12th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 13 1932 Huntington Millgate, Md. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-4-29 to 8/11/32
I last saw her alive on 8-11-32. Death is said to have occurred on the date stated above, at 130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	8 yrs
Chronic Interstitial Nephritis	3 yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

8/11/32 (Signed) David Fuller, M. D.
(Address) 1520 N Eutaw

M. D. B. 1268-9

E 82039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82039

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIV. HOSP. St. 22-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME KATHRYN MARIE JAMES

(a) Residence: No. 1051 W BARRE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	Single

5a. If married, widowed, or divorced
HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) MAY 20 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTO MD.

FATHER

13. NAME DAVID JAMES

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME NELLIE M. THATER

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT MOTHER
(Address) 1051 W. Barre st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 13th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED ... (Seal) ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1932 to 8-10 1932

I last saw HER alive on 8-10 1932 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
MARASMUS	
MASTOIDITIS	
SEPSIS	

Other contributory causes of importance:

Name of operation MASTOIDECTOMY Date of 7-16-32

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) R. Richard Sauft M. D.

(Address) UNIV. HOSP.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Eisenberg 2027 E. Northern Wolf 7073

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82040

CERTIFICATE OF DEATH

13 B 82040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1716 Normal Ave (Ward) 8-45

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M. Miller

(a) Residence: No. 1716 Normal Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of George E. Miller

6. DATE OF BIRTH (month, day, year) May 5th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Henry

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ella M. Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Katherine Brashkein

(Address) 1716 Normal ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 8/13 1932

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED AUG 13 1932 Hamilton Wilson Registrar. B.H.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 6 1932 to August 10 1932

I last saw her alive on August 10 1932 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1926
Chronic Interstitial Nephritis	1926
Arterial Hypertension	1926

Other contributory causes of importance: Cardiac Dilatation 3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82041

CERTIFICATE OF DEATH

E 82041

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 E. Fayette ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles T. Hooper

(a) RESIDENCE NO. 907 E Fayette St ST.. WARD

(Usual place of abode) (If non-resident give city or town and State) York Pa

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE~~ of Anetta Hooper 1879

6 DATE OF BIRTH (month, day, and year) Aug 27 ~~1879~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lunch Room proprietor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

11 Informant Wife
(Address) 907 E Fayette st

15 Filed 8 1 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1932 to Aug 11, 1932.

that I last saw him alive on Aug 9, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

acut Cardiac dilation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Coronary thrombosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) S. C Feldman, M. D.

, 19 (Address) 1429 E Balto st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery York Penna

DATE OF BURIAL 8/15/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul

Important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

(Koors)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82042

CERTIFICATE OF DEATH.

93

E 82042

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO 1807 N. Pulaski ST. 15 WARD

2-FULL NAME Fred. E. Koors.

(a) RESIDENCE. NO... 1807 N. Pulaski ST., 15 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a If married, ~~widowed or divorced~~ WIFE of (or) ~~HUSBAND of~~ Rosa Grody Koors

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale
(c) Name of employer Baltimore Club

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Koors

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Deceased's wife (Address) 1807 N. Pulaski

15 Filed . 19 Registrar

AUG 11 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-10- 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan- . 1930 . to 8-10 . 1932.
that I last saw him alive on 8-8- . 1932.
and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -
Ch. Myocarditis.
Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? Residence
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) Victor Richards, M. D.
. 19 (Address) 922 N. Chas

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park.

DATE OF BURIAL: 8-13 1932

20 UNDERTAKER: F. B. Whippert

ADDRESS: Mount & Balto

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

B 82043

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82043

CERTIFICATE OF DEATH

126 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 700-60 Ward .....

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Wolfe

(a) Residence: No. 522 S. Bentalou St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47 - 48	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Man o/c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) 6-1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Wolfe

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Vogt.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7-12, 1932

19. UNDERTAKER J. B. Tippett & Estate Pearce
(Address) 320 E. Lafayette Ave

20. FILED ..... 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1932 to Aug 9, 1932

I last saw h.... alive on Aug 9, 1932 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	1-12 yrs
Pancreatitis	2 weeks
Chronic Myocarditis	4-5 yrs
and	

Other contributory causes of importance:

Acute dilatation of heart.	acute

Name of operation Cholecystectomy & Drainage of common duct Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur J. Siwinski M. D.

(Address) Mercy Hospital.

M. D. B. 1268-9

B 82044

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82044

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital (Ward) 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Otto Kaderly

(a) Residence: No. 2520 Oakley Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kathryn Underwood

6. DATE OF BIRTH (month, day, year) Nov. 18 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
53	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investments

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Bond Co.

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) New Philadelphia Ohio.

FATHER

13. NAME John Kaderly

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Katherine Russdorfer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address) Maryland Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Dennison, Ohio Date 7-13-1932

19. UNDERTAKER J. B. Hippert
(Address) 855 St. Baltimore St.
Huntington Phillegere, Pa.

20. FILED Aug 1 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1932 to Aug. 11, 1932
I last saw him alive on Aug 11 8, 1932 Death is said to have occurred on the date stated above, at 6:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with arteriosclerosis and cardiac hypertrophy	1920

Other contributory causes of importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) L. J. Chaney M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

82045

HEALTH DEPARTMENT—CITY OF BALTIMORE

82045

CERTIFICATE OF DEATH

149-001

1. PLACE OF DEATH Franklin Square Hospital

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette E. Calhoun St. 19-27 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 3 ds. How long in U.S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. Helen Heagy

(a) Residence: No. Rockville Md. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. A Heagy

6. DATE OF BIRTH (month, day, year) Feb 5 - 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 y

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Joseph E. Malone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace M. Petrie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Chas A. Heagy
(Address) Rockville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Rockville Md Date Aug 13 1932

19. UNDERTAKER Wm. Mahoney, Sons
(Address) Rockville Md

20. FILED Aug 13 1932, 19 H.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1932 to August 11, 1932.
I last saw her alive on August 11 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	8/11/32

Other contributory causes of importance:

Name of operation Caesarian Section Date of 8/10/32

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldred Robert, M. D.
(Address) Franklin Square Hospital Balto Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82046

92-601

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2814 Frey St. 12th (Ward)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Butler

(a) Residence: No. 2814 Frey ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-3-98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Ezekiel Butler
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Susie Smith
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Susie Smith
(Address) 2843 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 8-14 1932

19. UNDERTAKER Sam'l H. Chase Son
(Address) 438 N. Eutaw

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Interstitial Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Mooney M. D.
Coroner
(Address) 1632 Rotunda Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82047 HEALTH DEPARTMENT—CITY OF BALTIMORE E82047

2.6160

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Butler

(a) Residence: No. 1631 Presbury St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	19 11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (10)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Lolyton Butler

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Rose Lee [illegible]

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8-13 1932

19. UNDERTAKER Sam'l M. Chase & Son

(Address) 638 N. Eutaw

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to Aug. 10th 1932

I last saw h.er alive on Aug. 10 1932 Death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5/1932
Tuberculous meningitis	8-1-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? S.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Barlow Jr. M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

82048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82048

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Metzger

(a) Residence: No. 2819 Gough St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of August H. Metzger

6. DATE OF BIRTH (month, day, year) Jan 30 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H. Hesselius

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md

MOTHER

15. MAIDEN NAME Rebecca Blizzard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Aug. 13, 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1932 to 8-10 1932

I last saw her alive on 8-10 1932 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystolitis	8-1-32
Senility	—
Arteriosclerosis and	—
Cardio-vascular renal disease	—
Other contributory causes of importance:	
Uremia	8-7-32

Name of operation NO Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Wm. Louis Schaefer M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

F 82049 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 82049

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4911 Toone St. 26-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John H. Wise

(a) Residence: No. 4911 Toone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Wise

6. DATE OF BIRTH (month, day, year) Feb. 11 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	6	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Wise

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Margaret Wise
(Address) 4911 Toone St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Aug. 15, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to Aug. 11, 1932

I last saw him alive on Aug 10, 1932. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	May 1932
Uremia	Aug 8, '32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thomas E. Wilson M. D.

(Address) 13 W. Biddle St. Balto

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

B 82050 (263609)

HEALTH DEPARTMENT—CITY OF BALTIMORE B 82050

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 2-4 Ward)

CITY OF BALTIMORE: (No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Tablonski

(a) Residence: No. 524 S. Broad St. St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) 8/3/32
7. AGE — Years: — Months: — Days: 8 — If LESS than 1 day, hrs. or min.: 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Vincent Tablonski
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary Makarewicz
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 2 1932

19. UNDERTAKER Geo. Oszewski
(Address) 1430 E. Fayette Ave

20. FILED AUG 2 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3 1932, to Aug. 11 1932. Death is said I last saw h e alive on Aug. 11 1932, at 5 m. to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 8-3-32

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. J. Sec'y M. D.
(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Bks.

E 82051

E 82051

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 W. Saratoga ST. 19-16 WARD)

2-FULL NAME Bradley Aaron Loggins

(a) RESIDENCE NO. 1314 W. Saratoga ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma S. Loggins

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Savannah Ga

PARENTS
10 NAME OF FATHER Sullivan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga
12 MAIDEN NAME OF MOTHER Daphine DeBow
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant (Address) Emma Loggins 1314 W. Saratoga

15 Filed 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-10/32

17
I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to Aug 10, 1932
that I last saw h[illegible] alive on Aug 8, 1932
and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
(duration) yrs. mos. 14 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) P. B. Kateker M. D.
Aug 11, 1932 (Address) 1 yr & Patho

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt auburn cemetry — DATE OF BURIAL aug 14 1932

20 UNDERTAKER Edw Bryan — ADDRESS 1631 orleans st

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82052

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Barclay ST. 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abram D. Arthur

(a) RESIDENCE NO. 1816 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie A. Arthur

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Greenmount Cemetery

9 BIRTHPLACE (city or town) Harford County

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Annie A. Arthur

(Address) 1816 Barclay St.

15 Filed Aug 12 1932, 19 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/10/32

17 I HEREBY CERTIFY, That I attended deceased from Aug 8/, 1932, to Aug 10, 1932, that I last saw him alive on Aug 10, 1932, and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Lupus Arteriosclerosis

Chronic Interstitial

Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

8/11, 19 32 (Address) 1100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Aug. 12, 1932

20 UNDERTAKER E. Leroy Stuffler, Inc.

ADDRESS 125 E. North Ave.

Aug 12 1932

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 82053

E 82053 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 mos. 7 ds. How long in U. S. If of foreign birth? 62 yrs. mos. ds.

2. FULL NAME Julius Winskowski

(a) Residence: No. Linthicum Hgts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Winskowski

6. DATE OF BIRTH (month, day, year) Jan. 14, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Winskowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Enzor
(Address) Patapsco Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. Date Aug. 13, 1932
St. Paul's, Woltsville

19. UNDERTAKER Leroy Stiffler, Inc.
(Address) 125 E. Northdale

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1932, to Aug. 10, 1932

I last saw h.im alive on Aug. 10, 1932. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff.	1932
Arteriosclerosis	?
Chronic nephritis	5/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Morris Fenner Abrams, M. D.

(Address) Linthicum Hgts, Md.

M. D. B. 1268-9

E 82054 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82054

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Coates

(a) Residence: No. 1714 N Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Josephine

6. DATE OF BIRTH (month, day, year): 4-13-1882

7. AGE: Years: 50; Months: 3; Days: 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Charles Co Md

FATHER

13. NAME: Frank Coates

14. BIRTHPLACE (city or town) (State or country): Charles Co Md

MOTHER

15. MAIDEN NAME: Mallie ?

16. BIRTHPLACE (city or town) (State or country): Charles Co Md

17. INFORMANT: Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Cem Date: Aug 13th 1932

19. UNDERTAKER: Harry E Wheeler

(Address) Post Corner Waldorf Md

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1932 to 8-10, 1932

I last saw him alive on 8-10, 1932 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendicitis	
c Generalized Peritonitis	8-3-32

Other contributory causes of importance:

Septicemia and	
Postoperative Shock	8-9-32

Name of operation Laparotomy — Date of 8-9-32

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Boyce Schaefer M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82055

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital of 2
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward)

Registered No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Earl Greene (Earl Livingston Greene)

(a) Residence: No. 216 E. Carroll Blvd. Ward. Md. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elaine M. Greene

6. DATE OF BIRTH (month, day, year) March 8, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	39	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Steamship Co.

10. Date deceased last worked at this occupation (month and year) July 16, 1932

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) Mechanicsville
(State or country) Maryland

FATHER

13. NAME Melvin S. Greene

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Dorcilla L. Harding

16. BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

17. INFORMANT Mr. James R. Orndorff
(Address) 5703 Berkley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Glen Mount Cem. Date Aug. 15, 1932

19. UNDERTAKER Joseph L. Cook
(Address) 1007 E. Baltimore St.

20. FILED , 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to Aug 10, 1932
I last saw him alive on Aug. 10, 1932 Death is said to have occurred on the date stated above, at 5 50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple perforations of jejunum & ileum.	7-25-32
Generalized peritonitis	7-25-32

Other contributory causes of importance:

Name of operation Appendectomy — 7-18-32 Date of Repair of perforation 7-26-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Yowler, M. D.
(Address) Wayne Hotel

AaCo. 5-31 2508

82056

HEALTH DEPARTMENT—CITY OF BALTIMORE 82056

CERTIFICATE OF DEATH

94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Mathews St. St., 9-4 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Rachel Proctor

(a) Residence: No. 3020 Mathews St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles H. Proctor

6. DATE OF BIRTH (month, day, year) September 22, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Rocky Ridge, Frederick Maryland

FATHER

13. NAME: Martin Luther Miller

14. BIRTHPLACE (city or town) (State or country): Frederick County Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Sisselberger

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Elizabeth Kocher
(Address) 3020 Mathews St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date August 13, 19 32

19. UNDERTAKER: Jos. P. Cook
(Address) 1003 N. Baltimore St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to aug 11, 1932
I last saw her alive on aug 11 1932 death is said to have occurred on the date stated above, at 5.07 Am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Coronary thrombosis

Other contributory causes of importance:

Co. ch arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Bornstein, M. D.

(Address) 2700 Garrison Blvd.

M. D. B. 1268-9

82057 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82057

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 Jefferson St. St. 6-10 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Darlus M. Coleman

(a) Residence: No. 2431 Jefferson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Coleman

6. DATE OF BIRTH (month, day, year) Feb. 14, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Darius M. Coleman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. Goerge Cunningham 2431 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug. 13, 32

19. UNDERTAKER (Address) Mrs. E. Miller & Son 2355 Jefferson St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to August 10, 1932

I last saw him alive on August 10, 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (about 2 years)	

Other contributory causes of importance: Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine M. D.

(Address) 14 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82058 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82058

CERTIFICATE OF DEATH

Registered No. 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 W. Franklin St. 18th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda Wonder

(a) Residence: No. 820 W Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Le	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wonder

6. DATE OF BIRTH (month, day, year) 8/4/1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wonder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Frank Pentecost

14. BIRTHPLACE (city or town) (State or country) Balto. City

MOTHER

15. MAIDEN NAME Eliz Dyer

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Adress Williams

(Address) 820 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Aug 13, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Aug 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10/32

22. I HEREBY CERTIFY, That I attended deceased from July 30th 32 to Aug 10th 32

I last saw her alive on Aug 10 32 and that death is said to have occurred on the date stated above, 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/9/32
Hypertension	

Other contributory causes of importance:

Heart Weak

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

82059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82059

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2813 Coldspring Lane (St.) (Ward) 26

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 56 yrs. ..... mos. ..... ds.

2. FULL NAME Maria Demarco

(a) Residence: No. 2813 Coldspring Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Demarco

6. DATE OF BIRTH (month, day, year) Sept 1st 58

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Lawrence Geppi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Farriana

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Geppi
(Address) 4100 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/13 19 32

19. UNDERTAKER Frank V. Pipitone
(Address) 251 E. Baltimore St.

20. FILED 8-17 19 32 Registrar [illegible] Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10/32 19

22. I HEREBY CERTIFY, That I attended deceased from July 8 19 32 to Aug 10 19 32.
I last saw h[illegible] alive on Aug 10 19 32 death is said to have occurred on the date stated above, at 1.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 8 32
Other contributory causes of importance:	
Bronchopneumonia	Aug 7/32

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harry M. Steel M. D.
(Address) 104 W. Madison

OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Bks.

82060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82060

CERTIFICATE OF DEATH

REGISTERED NO. 131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave. ST. WARD) 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Prevail

(a) RESIDENCE NO. Home for Aged M. E. Church ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	0.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Prevail

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Harriet Hunt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y. N. Y.

14 Informant Etta Cuddy.

(Address) 2211 Rogers Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Aug. 12, 1932, that I last saw h e r alive on Aug. 11, 1932 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic. Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Geo. E. Shannon, M. D.

8/12 1932 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Aug 13 1932

20 UNDERTAKER George J. Smith

ADDRESS Hollins

Important. See instructions on the back of certificate.

AaCo. 5-31 250B

82061 HEALTH DEPARTMENT—CITY OF BALTIMORE 82061

X 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 E. 23rd St. 12-50 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin Page Bledsoe

(a) Residence: No. Sykesville St., ... Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margaret M. Bledsoe

6. DATE OF BIRTH (month, day, year) Oct. 24 1880

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
51	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year) July 1-32
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Staunton Va.

FATHER

13. NAME Thomas A. Bledsoe
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Edmonia Page
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Page Bledsoe
(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL
Arlington Cem. Va. Date Aug 13. 1932

19. UNDERTAKER Geo. W. Lowe Inc.
(Address) Sykesville Md.

20. FILED ... 19 ... Registrar.

AUG 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1932 to Aug 11 1932

I last saw him alive on Aug 11 1932 death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Aug 7

Other contributory causes of importance:

Gastro enteritis
~~Pulmonary~~ Bronchiectasis
Chr. fib. tbc. Tuberculosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Harvey G. Beach M. D.
(Address) St Paul & 23rd St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82062 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 82062

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Linwood Ave. St., 7th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 80 yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Rosenberger

(a) Residence: No. 721 N. Linwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry Rosenberger

6. DATE OF BIRTH (month, day, year) Sept. 6 - 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Dorlker
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Day
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August N. Rosenberger
(Address) 721 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwarzes Co Date May 13. 1932

19. UNDERTAKER Louis Heumann. Son
(Address) 32 & Broadway

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15. 1932 to August 10 1932
I last saw h~~er~~ alive on August 9. 1932 Death is said to have occurred on the date stated above, at 340 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia:	8/3/32
Chr. Valvular Heart disease	1927
Other contributory causes of importance:	
Strangulated Hernia	7/15/32

Name of operation Herniotomy Date of 7/15/32
What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Deaver M. D.
(Address) 1663 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 82063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82063

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 x Denmison Road 15-63 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Freeman Worthington

(a) Residence: No. 350 x Denmison Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Charles Worthington

6. DATE OF BIRTH (month, day, year) Oct 4 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph H. Colston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Watson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Chas R. Colston

(Address) 350 x Denmison Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Md Date Aug 13, 19 32

19. UNDERTAKER J. Ingram Sons

(Address) 1001 Pine St

20. FILED ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1932 to August 11, 1932

I last saw her alive on Aug. 11, 1932 Death is said to have occurred on the date stated above, at 12.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	July 30, 1932
Other contributory causes of importance: Arteriosclerosis	Unknown

Name of operation None Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Maurice E. Shamer, M. D.

(Address) 3300 W. North Ave

1-30—M. & T. [illegible]—50L

E 82064

E 82064

186-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hos ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norma Kathlyn Kain

(a) RESIDENCE NO 1009 Union Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas H. Kain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Shamokin Pa

12 MAIDEN NAME OF MOTHER Sarah D. Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mr. Thomas H. Kain

(Address) 1009 Union Ave.

15 Filed ... 193... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture of Skull
Accidental
Falling down stairs (Fall)

(duration) ... yrs ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

8/11, 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Aug 13 1932

20 UNDERTAKER Wm. H. McKeever Sons

ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 1 1932 [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82065

CERTIFICATE OF DEATH

E 82065

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Hull St.) (Ward) 24-23

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E Scarborough

(a) Residence: No. 1303 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Scarborough

6. DATE OF BIRTH (month, day, year) June 09, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tally Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 669

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Scarborough

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME — Burke

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John E Scarborough
(Address) 2132 E Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Aug 13, 1932

19. UNDERTAKER John Ullrich & Sons
(Address) 1205 Druid Hill Ave

20. FILED ... 19... Registrar.

AUG 12 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to Aug 10, 1932

I last saw him alive on Aug 10, 1932. Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1932

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E J Whelan M. D.

(Address) 1279 Williams St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82066

CERTIFICATE OF DEATH

13 E 82066

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 E Federal St., E-17 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Farley

(a) Residence: No. 1728 E Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabella J Farley

6. DATE OF BIRTH (month, day, year) March 31 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Houses.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennie McKee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Isabella Farley
(Address) 1728 E Federal

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Aug. 15 1932

19. UNDERTAKER John Ulrich
(Address) 2108 Orleans

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st. 1932 to Aug 11 - 1932
I last saw him alive on Aug 10 1932 Death is said to have occurred on the date stated above, at 6.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	April 1st

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A Cleary M. D.

(Address) 1603 E Broadway

M. D. B. 1268-9

E 82067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82067

CERTIFICATE OF DEATH

Registered No. 18730

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mad Gen Hosp St., 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bolgard

(a) Residence: No. 131 Augusta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) July 9-1897

7. AGE Years 34 Months 9 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F. Bolgard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Tyler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ethel Bolgard

(Address) 131 Augusta St.

18. BURIAL, CREMATION, OR REMOVAL Place Cremated Date Aug. 10 1932

19. UNDERTAKER Margaret E. Flynn

(Address) 1422 Light St.

20. FILED Aug 10 1932 E.F.T. Registrar

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Fracture of Cervical Vertebrae	4 Days
Other contributory causes of importance: Injured while swimming	4 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nature of injury Aug 7-1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Link Coroner, M. D.

(Address)

M. D. B. 1268-9

Sales

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82068

82068

CERTIFICATE OF DEATH

210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., 4-30 Ward.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Sales

(a) Residence: No. 708 Pin Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ollie Sales

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Fannie Ayers

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Fannie Sales. (Address) 708 Pin Alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date Aug 13, 1932

19. UNDERTAKER Mrs Katie B. Williams
(Address) 332 S Schroeder St.
Williams Mortuary

20. FILED Aug 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1932 to autopsy, 19..
I last saw h... alive on ....., 19.. Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	
Peritonitis, ft. empyema	7/2/32

Other contributory causes of importance:

Struck by auto

Name of operation Laparotomy autopsy Date of 7/2/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/2 1932
Where did injury occur? Myrtle Ave & Pin Alley
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while
Nature of injury playing in the street

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner
(Address) 1200 E Madison St

M. D. B. 1268-9

2206 E. Madison

E 82069 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82069

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruby Cook

(a) Residence: No. 62½ Bamridge St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1919.

7. AGE: Years 13; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER

13. NAME: Winslow Cook

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Estell Cook

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: E. L. Long-wolf

(Address) 81 Decatur St N.Y.

18. BURIAL, CREMATION, OR REMOVAL: Clinton S.C. Date 8-13 32

Place

19. UNDERTAKER: Dent Carlin

(Address) 916 Pa Ave

20. FILED . . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Virginia 19 to Virginia 19 I last saw h alive on 19 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Intracranial hemorrhage	8-9-32
Other contributory causes of importance:	
Automobile Accident	8-9-32

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 8-9 19 32

Where did injury occur? Clair Rd at Perry Hall (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Auto in which she was riding collided with a truck

Nature of Injury Injury skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred Perry Coroner M. D.

(Address) 2206 E. Madison St.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 82070

E 82070

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St. 15-23 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Wilson

(a) RESIDENCE NO. 1305 Etchison St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb-29-1928

7 AGE Years 4 Months 5 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Provident Hosp.

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 — 11 1932

17 I HEREBY CERTIFY, That I attended deceased from 8 — 7, 1932 to 8 — 11, 1932

that I last saw h. alive on 8 — 11, 1932

and that death occurred, on the date stated above, at 1 55 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Probable (Questionable) (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) George M. Daniel M. D.

8 11 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. Date of Burial 8-13 1932

20 UNDERTAKER David Carter ADDRESS 916 Pa ave

1932 Huntington Hill 2004

Filled in by typewriter, pen or pencil. Write plainly. Use black ink. Spell out all words. Do not abbreviate. Give full name of deceased. Do not use initials or nicknames. Answer each question. If none, write none. If unknown, or if the question does not apply to the deceased, write unknown or the proper word. Be sure that you do not omit the cause of death. Write with sufficient clearness and fullness, using language that can be understood by others than physicians, in stating cause of death, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 82071 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82071

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Addie E. Hartman

(a) Residence: No. 1605 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil R. Hartman

6. DATE OF BIRTH (month, day, year) Dec. 29-1898

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	33	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. G. Cramblitt

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mamie A. Kuchn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Cramblitt
(Address) 1605 Jackson

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 8/15 19 32

19. UNDERTAKER J. Fenn McCully
(Address) 130 E Fort

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11 19 32

22. I HEREBY CERTIFY, That I attended deceased from 8/4/32, 19 32 to 8/11, 19 32

I last saw h[illegible] alive on 8/11, 19 32 death is said to have occurred on the date stated above, at 2.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foetal Hystoria.	
Other contributory causes of importance: Bronchopneumonia	
Paralytic Ileus	

Name of operation Cesorean Section Date of 8/4/32

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Isaac Miller, M. D.

(Address) So Baltimore Gen'l Hosp.

AACo. 5-31 250B

E 82072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82072

CERTIFICATE OF DEATH

13/V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E. 33rd. St. St. ..... Ward) 12-41

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY T. LANTZ

(a) Residence: No. 2 E. 33rd. St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Lantz Sr.

6. DATE OF BIRTH (month, day, year) Mar, 9, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT William Lantz
(Address) 2 East 33rd. St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Aug 15th 1932

19. UNDERTAKER Geo. F. Prince & Son
(Address) 4 & West Royal ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to & Aug 12 1932
I last saw her alive on Aug 12 1932, death is said to have occurred on the date stated above, at 4.58 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 1932
Arterio-Sclerosis and arterial Hypertension	?
Other contributory causes of importance: Cardiac Hypertrophy and Chr. Diffuse Nephritis	?

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19.....
Where did injury occur? ~~~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury ~~~
Nature of injury .....

William F. Geraghty M.D.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William F. Geraghty M.D.
(Address) 2225 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

Scheffer

E 82073 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

HE 82073

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2814 E Baltimore St. 6-11 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Scheffler

(a) Residence: No. 2814 E Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles J Scheffler

6. DATE OF BIRTH (month, day, year): June 28 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Charles Scheffler

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Geo C Scheffler

(Address) 4307 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: Aug 15, 1932

19. UNDERTAKER: John Goldrick

(Address) 200 E Orleans St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/1/32, 19 to 8/12/32, 19

I last saw her alive on 8/12/32, 19. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	6/1932

Other contributory causes of importance:

Peritonitis	8/10/32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F W Herrman, M. D.

(Address) 710 E 33rd St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82074

CERTIFICATE OF DEATH

Registered No. 13 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Lowekamp.

(a) Residence: No. 1850 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 26 1861.

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	71	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles B. Lowekamp.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Gertrude Barlage.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Rev. Joseph C. Lowekamp.
(Address) St. Michael's Rectory.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Aug. 15th 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4 Days

Other contributory causes of importance: Chronic Nephritis

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Funk Coroner, M. D.

(Address)

INSTRUCTIONS ON BACK OF CERTIFICATE. ALL QUESTIONS MUST BE FULLY ANSWERED. ANY INFORMATION IN THIS CERTIFICATE IS VERY IMPORTANT.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82075

CERTIFICATE OF DEATH

B 82075

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 92-001

CITY OF BALTIMORE: (No. Baltimore, Md. St., 817 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Street

(a) Residence: No. 1718 Llewellyn St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Bell

6. DATE OF BIRTH (month, day, year) June 7 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crewe, Va

FATHER

13. NAME Harry Street

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sally Jennings

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Baltimore City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Date aug 13 1932

19. UNDERTAKER Mrs R. L. Elliott
(Address) 1725 ashland ave

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-8 1932 to 8-10 1932

I last saw h alive on 8-10 1932 Death is said to have occurred on the date stated above, at 9:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	8-9-32

Other contributory causes of importance:

Pulmonary Edema	
Septicemia	8-22-32
none	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-11-32 (Signed) Elmer Highberger M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓

CERTIFICATE OF DEATH

B 82076

REGISTERED NO. B 82076

1—PLACE OF DEATH: 535 N. Fast St.

CITY OF BALTIMORE: (No.) 535 N. Fast St. (St.) (Ward) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME: Robert Curry

(a) RESIDENCE NO. 535 N. Fast St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Curry

6 DATE OF BIRTH (month, day, and year): —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): — 040

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robert Curry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Sarah Curry

(Address): 535 N. Fast St

15 Filed 1 7 1932, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10/1932

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to Aug 10, 1932

that I last saw him alive on Aug 10, 1932

and that death occurred, on the date stated above at 1 p m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

3 Weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. Stamps Williams, M. D.

, 19 (Address) 501 N Hamburg St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Maghogh & Co.

DATE OF BURIAL: 8/14 1932

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 139 W Hamburg St

AaCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34 1 B 82077

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

82077

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Ulrich alley Ward) 3-4

Length of residence in city or town where death occurred yrs. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Grant

(a) Residence: No. 1422 Ulrich alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): August 30 1913

7. AGE: Years: 18 Months: Days: If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 039

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Savannah Ga

13. NAME: Genge Grant

14. BIRTHPLACE (city or town) (State or country): Alabama

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Savannah Ga

17. INFORMANT: Wendell Dipple

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Asbury Cem. Date: Aug 13 1932

19. UNDERTAKER: Wendell Dipple

(Address) 300 S. Edm. St.

19 WBN

Registrar

20. FILED 1-3-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1932 to Aug 10 1932

I last saw h alive on Aug 9 1932

Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset Aug 7.

Other contributory causes of importance: Syphilis — 2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan J. Davidow M. D.

(Address)

See instructions on back of certificate. OCCUPATION is very important. MOTHER FATHER

M. D. B. 1268-9

82078 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 2078

CERTIFICATE OF DEATH

Registered No. 4-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archer Miller

(a) Residence: No. 505 Allegheny Ave Town St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. M. A. Miller

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Clerk (former)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store 109

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Fraser

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria P. White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Berta Miller

(Address) 505 Allegheny ave Towson.

18. BURIAL, CREMATION, OR REMOVAL

Place Solms Grove Cemetery Date Aug 15 32

19. UNDERTAKER John Burns Sons

(Address) Towson

20. FILED Aug 15 1932 H.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1932 to August 13, 1932

I last saw him alive on August 13, 1932 Death is said to have occurred on the date stated above, at 2:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 13

Other contributory causes of importance:

Emphysema Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. Shipley, M. D.

(Address) University Hospital

OCCUPATION IS very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.–200 Bks.

E 82079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82079

CERTIFICATE OF DEATH

X 186-001

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 151 Hope St St. 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morgan Elizabeth Cooke

(a) RESIDENCE NO. Haddon Heights N.J. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A Cooke

6 DATE OF BIRTH (month, day, and year) 11/24/1848

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	83	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) North East

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (City or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Anne Adams

13 BIRTHPLACE OF MOTHER (city or town) North East

(State or country) Maryland

14 Informant Arnold Cooke

(Address) Elkton, Md

15 Filed AUG 15 1932, 19 [illegible] Registrar

[illegible] Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 13 th 1932

17 I HEREBY CERTIFY, That I attended deceased from aug 23 1932, to aug 11th 1932

that I last saw h[illegible] alive on aug 11th 1932

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Fracture of left femur

Tubercular

(duration) yrs. mos. ds.

CONTRIBUTORY Senile Debility

(Secondary)

(duration) yrs. mos. ds.

Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. J. Jenkins M. D.

Aug 15, 19 (Address) 119 N. Miller St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cemetery Md.

Date of Burial Aug 16 1932

20 UNDERTAKER A. J. Abernathy

ADDRESS Elkton Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

82080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Howard Co. Relay Hospital
LUCIA Georgia
CITY OF BALTIMORE: (No.) 1418 Eutaw Place ST. WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Wm E. Allen

(a) RESIDENCE NO. Covington Va ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred — 14 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. E. Allen

6 DATE OF BIRTH (month, day, and year): aug. 18, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife. 037
(b) General nature of industry, business, or establishment in which employed (or employer): own home
(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Charlottesville Va.

PARENTS
10 NAME OF FATHER: Chas. Henry Sterling
11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown
12 MAIDEN NAME OF MOTHER: Lucia G. Sterling
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charlottesville Va.

14 Informant: Mr. Sydney Adair
(Address): 3306 Lyndhurst ave.

15 Filed 1 1932. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1931 to aug. 13 1932
that I last saw h[illegible] alive on Aug 13 1932
and that death occurred, on the date stated above, at 11 30 P. m.
The CAUSE OF DEATH* was as follows:
Carcinoma cervix uteri

(duration) 1 yrs. 8 mos. ds.
CONTRIBUTORY (Secondary) Adenoptera & Endometritis
(duration) 1 yrs. 8 mos. 14 ds.

18 Where was disease contracted if not at place of death? dont know.
Did an operation precede death? Yes Date of
Was there an autopsy? Yes but tissue exam.
What test confirmed diagnosis? Microscope
(Signed) Guillaume Neil Jr. M. D.
. 19 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Covington Va
DATE OF BURIAL: aug 14 1932

20 UNDERTAKER: Chas. G. Black
ADDRESS: 742 W. North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

82081

HEALTH DEPARTMENT—CITY OF BALTIMORE

82081

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Home ~~Hospital~~

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Duvall

(a) Residence: No. Belair Md St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 8th 1840

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert E. Duvall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia A. France

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs C. D. Snyder
(Address) 238 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Spring Cemetery Woodlawn Md Date Aug 15th 1932

19. UNDERTAKER Wm Wolf
(Address) 1217 E Paul St

20. FILED Aug 16 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 8 1932 to Aug 13 1932

I last saw her alive on Aug 8 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 7th 32

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John D. Veale M. D.

(Address) 936 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82082

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82082

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-28 Ward

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bardin Anderson

(a) Residence: No. 2009 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Anderson

6. DATE OF BIRTH (month, day, year) Jan 31, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	31	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. worker on ice cream truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Bardin anderson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sou Jenkins

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cynwilla Pa Date Aug 19 / 1932

19. UNDERTAKER F. B. Nisbet
(Address) 1300 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Aug 14, 1932

I last saw h.. alive on alive on Aug 14, 32 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular Disease	?
Mitral Insufficiency	?
Acute Cardiac decompensation	?

Other contributory causes of importance:

Bilateral Pneumonia	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) J. H. Burns M. D.
Mercy Hospital

(Address) .....

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

82083 B. 82083

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-13 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Heller

(a) Residence: No. Sinai Aged Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julius W. Heller

6. DATE OF BIRTH (month, day, year) July 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses Hess

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Sarah Frank

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. J. W. Heller
(Address) Sinai Home

18. BURIAL, CREMATION, OR REMOVAL
Place Ohel Shalom Date Aug. 15 1932

19. UNDERTAKER Baird Sondheim & Levy
(Address) 1902 Eutaw Place

20. FILED ... 19 ... Registrar.

AUG 1 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1932 to Aug. 13, 1932

I last saw h.. alive on Aug. 13, 1932 Death is said to have occurred on the date stated above, at 0350 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder & metastases.	about 1½ yrs.
Other contributory causes of importance: Bad heart hypertension	about 1928

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eleanor Edwards Rosenau M. D.

(Address) Sinai Hospital.

E 82084

263860

HEALTH DEPARTMENT—CITY OF BALTIMORE 82084

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel B. McCardell

(a) Residence: No. Perry Point St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-13-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	17	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel M. McCardell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gladys Boyd

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Church Cem. Date Aug 16 32

19. UNDERTAKER
(Address)

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-13- , 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1932 to Aug. 13, 1932.

I last saw him alive on Aug. 13, 1932. Death is said to have occurred on the date stated above, at 8 50 P m.

The principal cause of death and related causes of importance were as follows:

Miliary tuberculosis with meningitis — Date of onset July 5 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 82085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82085

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5006 Park Heights Ave. WARD 27-56)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Richard Joseph Keating

(a) RESIDENCE NO. 5006 Park Heights Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellie Butler Keating

6 DATE OF BIRTH (month, day, and year): May 22 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired U.S. Naval Service

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Irland

PARENTS

10 NAME OF FATHER: John Keating

11 BIRTHPLACE OF FATHER (city or town) (State or country): Irland

12 MAIDEN NAME OF MOTHER: Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Irland

14 Informant (Address): Mrs. Ellie Butler Keating, 5006 Park Heights Ave.

15 Filed AUG 13 1932 Registrar Huntington Williams M.D. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/12/1932

17 I HEREBY CERTIFY, That I attended deceased from for about 3 days, 19 .. to 8-12-, 1932

that I last saw h[illegible] alive on 8-12-, 1932

and that death occurred, on the date stated above, at 11:9 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Fallow an illness from

Cerebral arteriosclerosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W H Ganahl M. D.

8/13 1932 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetry — DATE OF BURIAL: 8/16/193[illegible]

20 UNDERTAKER: C. Vernon Lemmon — ADDRESS: 4611 Park Heights

ATION is very important. See instructions on back of certificates.

M. D. B. 1269-9

82086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Guilford Ave. St. 12-19 Ward)

Registered No. 82086

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Tupper Brown

(a) Residence: No. 1825 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Azelia Schley Brown

6. DATE OF BIRTH (month, day, year) June 21, 1862

7. AGE	Years	Months	Days 2/	If LESS than 1 day, hrs. or min.
	70	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Novelties

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas H. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Martha Robb

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. A. P. Brown
(Address) Giddings, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Aug. 15 19 32

19. UNDERTAKER Wm. B. Cook
(Address) 1003 N. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from August 10th 1932 to August 12 1932

I last saw him alive on Aug 12 1932 Death is said to have occurred on the date stated above, at 1.15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	
Nephritis	3 yrs

Other contributary causes of importance:

Heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald F. Tenny M. D.

(Address) 814 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

B 82087

B 82087

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Maisel ST. 25-72 WARD) Hartford

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brown

(a) RESIDENCE NO. 2129 Maisel ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Ida Brown

6 DATE OF BIRTH (month, day, and year) Aug. 13. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Elias Brown

11 BIRTHPLACE OF FATHER (city or town) Sykesville (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Florence Pomeroy 2129 Maisel st.

15 Filed 1 5 1932 Huntington Williams, N.J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13/32

17 I HEREBY CERTIFY, That I attended deceased from 8/11, 1932, to 8/13, 1932, that I last saw h[illegible] alive on 8/12, 1932 and that death occurred, on the date stated above, at 7.45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) ..... yrs. mos 2 1/2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Thos E. Stacy Jr M. D.

, 19 (Address) 4012 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredon Carroll Co — DATE OF BURIAL Aug 15 1932

20 UNDERTAKER Ebenezer Upton — ADDRESS 3617 Chestnut Ave

Spec.-7-17-25-A Co.-200 Blks.

B 82088

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82088

23

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 867 Boyd St St. 16-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Smith,

(a) RESIDENCE NO. 867 Boyd St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) Insane.

(c) Name of employer

9 BIRTHPLACE (city or town) Royal Oak, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lloyd Murray.

11 BIRTHPLACE OF FATHER (City or town) Royal Oak, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Smith.

13 BIRTHPLACE OF MOTHER (City or town) Royal Oak Md
(State or country)

14 Informant Mrs Mary Cole,
(Address) 911 Boyd St.

15 Filed AUG 15 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 11, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1932 to Aug 11, 1932, that I last saw h alive on Aug 11, 1932 and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY none
(Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? Crownsville Hosp—

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Gen Physical Exam—

(Signed) Thos Hartone, M. D.

8/12 1932 (Address) 888 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

Date of Burial Aug 15, 1932

20 UNDERTAKER Mr. Kate R. Williams

ADDRESS 522 N Schroeder St

AUG 15 1932

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 250R

82089

HEALTH DEPARTMENT—CITY OF BALTIMORE

82089

V 161-004

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore Genl Hosp St., 15-21 Ward.
Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Mulley

(a) Residence: No. 1861 N. Mount St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8 8 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore
(State or country) Md

FATHER
13. NAME Samuel Miller
14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER
15. MAIDEN NAME Rose Chenkin
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Jack Levin Son
(Address) 1439 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8-16 1932

19. UNDERTAKER Jack Levin Son
(Address) 1439 E. Baltimore St.

20. FILED AUG 16 1932, 19... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/32

22. I HEREBY CERTIFY That I attended deceased from Aug. 8, 1932, to Aug 14, 1932
I last saw him alive on Aug 14, 1932, death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Intestinal Hemorrhage	
Pulmonary Hemorrhage	8/11/32
+ Pneumonia	
Other contributory causes of importance:	
Hemorrhage Disease	8/11/32
of New Born	

Name of operation None Date of
What test confirmed diagnosis? Bleeding from mouth etc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John L. Levin M.D.
(Address) West Balto Station Baltimore

M. D. B. 1268-9

82090 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82090

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Mrs.~~ Mary N. merchant

(a) Residence: No. 1011 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 29-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	314	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. So Ry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manassas Va

FATHER

13. NAME W. N. Merchant

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Elizabeth Fewell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Warren Merchant
(Address) 603 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Manassas, Va. Date Aug 14. 32

19. UNDERTAKER Wm. J. Tickner & Son
(Address) North & Pleasant Sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-6 ..., 1932 to 8-12 ..., 1932

I last saw h... alive on 8-12-32, 1932 Death is said to have occurred on the date stated above, at 4 03 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure. acute	2 hrs
Other contributory causes of importance:	
Morbid myocardial degeneration	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Allyn B. Christ, M. D.

(Address) Church Home & Inf.

M. D. E. 1265-9

E 82091 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82091

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St. 11-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Wm Compton

(a) Residence: No. 1113 Barclay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm McCompton

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Honora M. Finegan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hosp. Records
(Address) St Josephs Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Aug 15 . 1932

19. UNDERTAKER Chas. E. Evans & Son
(Address) 1111 Mt Royal Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 . 1932 to Aug 13 . 1932
I last saw h im alive on Aug 13 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 6 mo.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. F. Young . M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

82092

HEALTH DEPARTMENT—CITY OF BALTIMORE

82092

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 12 Ward) Jan. Hosp. 2 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Carstens Jr.

(a) Residence: No. 328 E 27th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 27, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John A Carstens Jr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna C. Schlageter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John A. Carstens Sr.

(Address) 328 E 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Violetville Date 8-15-32

19. UNDERTAKER Mrs Chas A G Kolb & Co

(Address) 2327 Edmondson Ave

20. FILED Aug 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Augt. 19 . to 19

I last saw h alive on Augt. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured base of skull — Date of onset 8/13/32

Other contributory causes of importance:

Struck by automobile — 8/13/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8. 13. 1932

Where did injury occur? Poplar Ave & Pines Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury Struck by auto while playing in street.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address) 200 E. Madison St.

M. D. B. 1268-9

E 82093

82093 D63390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2-4 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Jones

(a) Residence: No. 121 S. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella same

6. DATE OF BIRTH (month, day, year) 12/1/1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 64	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Ian Jones

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Julia Banger

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 8-15, 1932

19. UNDERTAKER Byron & Manis Wright
(Address) 1218 McElderry St

20. FILED Aug 15 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 1932. to August 12 1932.
I last saw h[illegible] alive on August 12 1932. Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of the thoracic aorta	April 1931
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Birdsall M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

82094

HEALTH DEPARTMENT—CITY OF BALTIMORE

82094

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2113 Ethel St., 14-59 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Randall
(a) Residence: No. 2113 Ethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Wht	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year) Aug 32
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Wm Randall
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Laura Myers
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Father Randall
(Address) 2113 Ethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 18 - 32

19. UNDERTAKER A. J. Jones
(Address) 111 S. Gilmor St

20. FILED Aug 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19.. Death is said I last saw h alive on ..., 19.. to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..., M. D.
Coroner
(Address)

M. D. R. 1268-9

82095 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82095

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2323 Mc Culloh St., (Ward) 3-59

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie Dorsey

(a) Residence: No. 2323 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 090

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Buston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Joeanna Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Dorsey
(Address) 2323 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Aug 15 1932

19. UNDERTAKER Samuel J. H. Ansley
(Address) 178 N. Bradford St.

20. FILED Aug 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17 1932 to Aug 13 1932

I last saw h.. alive on August 10 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset .....
Acute gall bladder
Duration days
Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ~

(Signed) A K Somerville M. D.

8/15/32 (Address) 119 N. Saratoga St

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82096

82096

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb) 19-26 Registered No. V 23

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Gabriel

(a) Residence: No. 319 N. Calhoun st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Gabriel

6. DATE OF BIRTH (month, day, year) March 19, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME William Gabriel

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Cecelia ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 8/17 32

19. UNDERTAKER John K. Carey Sons Inc
(Address) 322 N. Howard St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25 1932 to August 11 1932

I last saw him alive on August 11 1932 Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stein M. D.

(Address) Baltimore City Hospitals

E-82097

M. D. B. 1268-9

E 82097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 820[illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 19-24 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 64 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Umbrage

(a) Residence: No. 1831 N. Payson St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/30/67

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 0 yrs 6 mos

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Umbrage

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Katie Brady

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Aug. 16, 1932

19. UNDERTAKER Charles J. Schubb,
(Address) 525 N. Bronnoe St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to Aug 13, 1932

I last saw him alive on Aug 13, 1932 Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus

Carcinoma of Esophagus

Other contributory causes of importance:

Exhaustion

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. Lee Lockard M. D.

(Address) 1211 Eutaw Pl.

1-30—M. & T.—100 B—50L

E 82098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82098

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2249 Annapolis Ave ST., WARD

2-FULL NAME Elizabeth Miller.

(a) RESIDENCE NO 2249 Annapolis Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Harry S. Miller

6 DATE OF BIRTH (month, day, and year) March 16, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	27 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER ------ Wooster.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Catherine-------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Harry S. Miller. (husband)

(Address) 2249 Annapolis Ave.

15 Filed Aug 1, 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Volvular disease of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Steinhardt, M. D. Coroner

8/18/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park cem

DATE OF BURIAL 8/20 1932

20 UNDERTAKER Frank Seffer

ADDRESS 1200 West North Ave

TION is very important See instructions on back of certificates.

Spec.-7-17-25—A Co.—200 Bks.

E 82099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82099

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melna Pumphrey

(a) RESIDENCE NO. 415 Cathedral St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 19 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Hospt Records

(Address)

15 Filed AUG 15 1932, 19 Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 — 14 1932

17 I HEREBY CERTIFY, That I attended deceased from 7 - 21, 1932 to 8 - 14, 1932

that I last saw h. ER alive on 8 — 14, 1932

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension. Cardio renal disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) George McDonald M. D.

8-15 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart. Date of Burial: 8/15/1932

20 UNDERTAKER: J. J. Fahey & Son. ADDRESS: 1318 Light

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 82100

82100 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 V

Registered No. 26-39

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Hulsberg

(a) Residence: No. 110 N. Haven St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	S. S. E.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coals

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mc Crowd

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Augs. 19 32

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 19 32

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage
from Gun Shot
Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 10 19 32

Where did injury occur? Harbor Bells Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol shot in Heart

Nature of injury Gun shot wound in heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Lee Thomas M. D. Coroner

(Address) 2054 Fallsway

M. D. B. 1265-9

Naoma Clark.

F 82101 HEALTH DEPARTMENT—CITY OF BALTIMORE F 82101

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 Monroe Cr Brooklyn 25 Ward) 795

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Naoma Clark

(a) Residence: No. 1149 Monroe Circle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Aug 14 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	~	~	~	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph J Clark

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ethel Coons

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ethel Clark
(Address) 1149 Monroe Circle

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 15 1932

19. UNDERTAKER Chas A Ellwith & Son
(Address) 1821 Fort Ave

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1932 to Aug 14 1932

I last saw ~~her~~ alive on Aug 14 1932 Death is said to have occurred on the date stated above, at 5-00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Neonatorum	
Other contributory causes of importance:	
Ephanetion	3 hours

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

Aug 15 1932 (Signed) R. H. Campbell M. D.
(Address) 1644 Hanover St

M. D. B. 1268-9

E 82102

E 82102 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-36 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Rice

(a) Residence: No. 830 Bradley st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wesley Rice

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillian Robson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Aug 15 , 193

19. UNDERTAKER Joseph A Lyerly
(Address) 1618 Mount St

20. FILED Aug 15 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 , 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 , 1932 to Aug. 12 , 1932

I last saw her alive on August 12 , 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	9 mos
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Evans M. D.

(Address) Baltimore City Hospitals

M. D. B. 126849

82103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82103

CERTIFICATE OF DEATH

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. St. Joseph's Hosp 1506 W. Fay St.)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Crist

(a) Residence: No. 2803 Walbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Daisy R. Crist

6. DATE OF BIRTH (month, day, year) July 22nd 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Franklin Crist

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah V. Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Daisy R. Crist

(Address) 2803 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 17th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED 8-15-1932 Hunter-Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to Aug 14, 1932

I last saw h.. alive on Aug. 1st, 1932. Death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute nephritis	1924
Chronic interstitial nephritis	1924
Cerebral hemorrhage	Aug 13
	1932
Other **contributory causes** of importance:	
Hypertension	1931
Cystitis	1931
Malaise	1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. F. Young, M. D.

(Address) St. Joseph's Hosp

M. D. B. 1268-9

Dr Richardson 112 W. 25th St Mun. 360

82104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82104

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Calvert St. 12-14 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert E. Loflin

(a) Residence: No. 1614 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 4th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Trainman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R. 17

10. Date deceased last worked at this occupation (month and year) Aug 1929

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Wm P. Loflin

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Sophia J. James

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mrs Chas E. Asher

(Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bakers (Aberdeen Md) Date Aug 17th 1932

19. UNDERTAKER Wm Cook

(Address) 217 3d Paul St

20. FILED Aug 17 1932 Justin Tee Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1932 to Aug 14 1932

I last saw him alive on Aug 14 1932 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Sudden

Other contributory causes of importance:

Hypostatic Pneumonia Acute Edema of Lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Richardson M. D.

(Address) 112 W. 25th St

M. D. B. 1268-9

82105

HEALTH DEPARTMENT—CITY OF BALTIMORE

82105

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital St. 28-71 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Richard Wallace

(a) Residence: No. 15 S. Washington Road, St., Irvington, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (maiden name of wife)

6. DATE OF BIRTH (month, day, year) Jan 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draughtsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Wallace

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Union Mem. Hospital
(Address) Union Mem. Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 16th, 1932

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932, to August 17, 1932.

I last saw him alive on August 17, 1932. Death is said to have occurred on the date stated above, at 9:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perirectal abscess	July 29, 1932
Diabetes mellitus	unknown
Streptococcic [illegible] (Streptococcus [illegible]?)	August 1

Other contributory causes of importance:

Cirrhosis	unknown
Arterial hypertension	

Operation: Drainage of abscess July 30. Incision and drainage Aug. 1st. Date of August 2, 1932

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James L Hecht, M. D.

(Address) Union Memorial Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

A&Co. 5-31 250B

82106 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 82106

CERTIFICATE OF DEATH

117-001

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Gorsuch Ave. 9-46 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Starr

(a) Residence: No. 1100 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of J. Allie Starr

6. DATE OF BIRTH (month, day, year) Oct. 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
49	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Texas (State or country) Balto Co. Md

FATHER

13. NAME Thomas Murray

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Ranahan

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT J. Allie Starr
(Address) 1100 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cemetery Balto Co Md Date Aug 16, 1932

19. UNDERTAKER Edwin W. Conklin
(Address) 912 Eutaw St.

20. FILED ... Registrar.

AUG 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Aug 13th, 1932

I last saw her alive on Aug 12, 1932 death is said to have occurred on the date stated above, at 12 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	2 mos

Other contributory causes of importance:

Acute Dilatation of Heart Incomplete

Name of operation Exploratory Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. C. Parker, M. D.

(Address) 111 W. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 82107 HEALTH DEPARTMENT—CITY OF BALTIMORE B 82107

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens Ave and Spring Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Pierpoint
(a) Residence: No. Same (Usual place of abode) Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha E.

6. DATE OF BIRTH (month, day, year) 6-24-18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Jonathan Pierpoint
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Helen R. Bassett
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Pierpoint
(Address) 1 [illegible]

18. BURIAL, CREMATION, OR REMOVAL Date. 8/17. 19 32
Place Alexandria

19. UNDERTAKER D. Tom Mitchell
(Address) [illegible]

20. FILED 8-17-1932 Hunter Williams Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12. 1932 to Aug 14, 1932
I last saw h. alive on Aug. 14, 1932 Death is said to have occurred on the date stated above, at 6 38 p. m.

The principal cause of death and related causes of importance were as follows:
Intestinal obstruction

Date of onset 8/12/32

Other contributory causes of importance:
Necrosis of caecum (Tuberculosis)

Name of operation Preum-drainage Date of 8/14/32
What test confirmed diagnosis. Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A Von Ormer, M. D.
(Address)

M. D. R. 1268-9

E 82108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 82108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16-26 Yard)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Williams

(a) Residence: No. 738 Penna Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med College Date Aug 15, 1922

19. UNDERTAKER [illegible] Bell
(Address) [illegible] E Wood St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1922

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Syphilis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner
(Address) 1205 N Fremont Ave

M. D. H. 1268-9

E 82109 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82109

CERTIFICATE OF DEATH

32-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 16-33 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Bowman

(a) Residence: No. 702 N. Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE 64 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 840
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Dorothea Winters
(Address) 702 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Memorial Date Aug 16th 1932

19. UNDERTAKER Archibald E. Gaddis
Address 1845 Edgecombe Circle

20. FILED Aug 15 1932 19 P. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of Importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
How .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Smith, M. D.
(Address) Coroner

Spec. 2-29-28—L. F. S.—500 Blks.

E 82110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82110

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1734 Division ST., 14-20 WARD)

2—FULL NAME Louisa Pine Stuart

(a) RESIDENCE NO. 1734 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: cd

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced, RUSBAND of (or) WIFE of: James Stuart

6 DATE OF BIRTH (month, day, and year): Jan 9 1865

7 AGE: Years 67 Months 7 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lexington Va.

PARENTS

10 NAME OF FATHER: Robert Pine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Martha Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Martha Doodi

(Address): 1734 Robert St

15 Filed Aug 15 1932 Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-12-32

17 I HEREBY CERTIFY, That I attended deceased from 8-1 1932, to 8-12 1932,

that I last saw h alive on 8-12 1932,

and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paraplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

8/13 1932 (Address) 4257 Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lincoln Memorial Cem

DATE OF BURIAL: Aug 16 1932

20 UNDERTAKER: Samuel B. Hemsley

ADDRESS: 776 N Bdle

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82111

CERTIFICATE OF DEATH

53 E 82111

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 E. Lafayette Ave. St. 12-19 Ward)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John K. Stack.

(a) Residence: No. 308 E. Lafayette Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Coakley

6. DATE OF BIRTH (month, day, year) Jan. 17, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Stack

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Kelly

16. BIRTHPLACE (city or town) (State or country) Hartford, Conn.

17. INFORMANT Jerome T. Stack
(Address) 2905 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug. 17 1932

19. UNDERTAKER Hanby W. Means & Son
(Address) 805 N. Calvert St.
Huntington Williams Reg.

20. FILED Aug 17 1932 H. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan-1 1932 to Aug 15 1932

I last saw him alive on Aug-14 1932 Death is said to have occurred on the date stated above, at 1-35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Femur	Jan-32

Other contributory causes of importance:

Metastasis in Lungs - Myocarditis

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E North Ave

Spec.—8-16-29—L. F. S.—100 Bks.

124-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82112

CERTIFICATE OF DEATH

B 82112

1—PLACE OF DEATH

REGISTERED NO. 18-16

CITY OF BALTIMORE: (No. 213 N. Carrollton ave St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James T. Brown

(a) RESIDENCE NO. 213 N. Carrollton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	Colored.	Widowed.

5a If married, widowed, or divorced HUSBAND of (er) WIFE of Emma Brown.

6 DATE OF BIRTH (month, day, and year) —— 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Frank Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Nettie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Julia Black.
(Address) 213 N. Carrollton ave.

15 AUG 15 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13-32

17 I HEREBY CERTIFY, That I attended deceased from 8-2-, 1932, to 8-12-, 1932;

that I last saw h. alive on 8-12-, 1932

and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. L. Barkdoll, M. D.

, 19 (Address) 224 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Aug 16 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—9-30—A. & Co.—250 Bks.

E 82113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82113

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1326 N. Gilmore St 15-22 WARD)

REGISTERED No .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Jennings

(a) RESIDENCE No 1326 N. Gilmore St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Malverse Jennings

6 DATE OF BIRTH (month, day, and year): Oct. 6. 1905

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
26	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St Mary's Co Md.

PARENTS

10 NAME OF FATHER: Wesley Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary's Co Md.

12 MAIDEN NAME OF MOTHER: Della Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary's Co Md

14 Informant (Address): Malverse Jennings 1326 N. Gilmore St

15 Filed 1932. 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13/32

17 I HEREBY CERTIFY, That I attended deceased from July-1- 1932 to Aug-13 1932 that I last saw her alive on Aug-13-32 and that death occurred, on the date stated above, at 5.P.M. The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S B Hughes M. D.

, 1932 (Address) 1413 W. Fred Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Aug 16 1932

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Freastman St

TION is very important. See instructions on back of certificate

M. D. B. 1268-9

82114 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 B 82114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1141 N. Fulton Ave (St.) (Ward) 6327

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Salvatore Sinatra

(a) Residence: No. 1141 N. Fulton Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married Widower

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Philomina Sinatra

6. DATE OF BIRTH (month, day, year) Apr 10th 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Garnarata

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Lena Dannunzio

(Address) 1141 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date Aug 17th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED Aug 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1932 to 8/15 1932

I last saw h[illegible] alive on 8/14 1932 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, 1 Day	
Other contributory causes of importance: Chronic Nephritis Arteriosclerosis	

Name of operation no Date of .....

What test confirmed diagnosis? Urine + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan Grandinetti M. D.

(Address) 1141 N. Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82115

CERTIFICATE OF DEATH

E 82115

32-081

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Gough St., 1-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Pulepska

(a) Residence: No. 2208 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Michael Pulepska
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Kucharski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Kowalska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Pulepska
(Address) 2208 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Aug 17 1932

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ....., 19.....

Where did injury ocrur? (Specify rity or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, sperify .....

(Signed) ..... Coroner, M. D.

(Address) .....

E 82116

E 82116 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St. 14-20 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Gordon

(a) RESIDENCE NO. 703 Monroe St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) South Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Eleanor Bailey

(Address) 703 Monroe St.

15 Filed AUG 1 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 — 13 1932

17 I HEREBY CERTIFY, That I attended deceased from 8-10, 1932, to 8-13, 1932, that I last saw h[im] alive on 8-13, 1932, and that death occurred, on the date stated above, at 1[2]:05 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X ray

(Signed) George McDonald, M. D.

8-13, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Date of Burial 8-16 1932

20 UNDERTAKER Dennis Forlano ADDRESS 916 Pa ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & L.—100 B—50L

82117

M E 82117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 25-75

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) B. & O.R.R. trestle near Brooklyn ST. WARD

2-FULL NAME August W. Laage.

(a) RESIDENCE NO. 421 Maude Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 23, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Horse shoer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Oscar T. Laage.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Bertha Everhardt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Emma Burkert. (sister)

(Address) 421 Maude Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Severance of head at the neck.
Run over by B. & O.R.R. train.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/18/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Park Loudon Park

DATE OF BURIAL August 19 1932

20 UNDERTAKER Geo. L. Schenk Per Weitzman

ADDRESS 2101 Fremont Ave

8 1 1932

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82118

2118

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 S Bond St ST., 3-4 WARD)

2-FULL NAME James Jasper

(a) RESIDENCE NO. 315 S Bond St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Jasper

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: 67 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: William Jasper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Sally Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Alfred Jasper

(Address) 315 S. Bond St

15 Filed ....., 192 .....

Huntington Williams, Registrar

AUG 16 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Oedema. Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? [redacted]

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Huntington Williams, M. D. Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cemetery

DATE OF BURIAL: Aug 18 1932

UNDERTAKER: Randall & Hupfel

ADDRESS: 700 S Edwards

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82119 E 82119

CERTIFICATE OF DEATH

163 ✓ Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospitals St., [1-1] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carlos Haines

(a) Residence: No. 813 S Potomac St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Single

6. DATE OF BIRTH (month, day, year) Feb 14 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Haines

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Friese

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Friese
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartzes Date Aug 16. 1932

19. UNDERTAKER Wendell H Speed
(Address) 500 S Eutaw St

20. FILED Aug 17 1932 Huntington Wills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h— alive on ..... 19.. Death is said to have occurred on the date stated above, at 7.40 Pm

The principal cause of death and related causes of importance were as follows: — Date of onset

Hydrochloric Acid Poisoning Suicide

Other contributory causes of importance:

Lobar Pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury Aug 13 1932

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Poisoning from Hydrochloric Acid

Nature of injury Internal ulceration

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E F Krantz M. D.
Coroner

(Address) 130 N Potomac

M. D. B. 1268-9

E 82120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82120

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 W. Baltimore St. 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jacob Young

(a) Residence: No. 1533 W. Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Minnie E. Young

6. DATE OF BIRTH (month, day, year) Oct. 10-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Hirsapel

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Minnie E Young (Address) 1533 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 8-17 1932

19. UNDERTAKER Sahm & Morgan (Address) 3050 E Balto St.

20. FILED 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21 1932 to Aug 14 1932.

I last saw him alive on Aug 13 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Interstitial	(6?)

Other contributory causes of importance:

Myocarditis Arterial Hypertension

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. Lloyd Johnson M. D.

(Address) 1200 Rhoderick Ave.

M. D. B. 1268-9

82121 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82121

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 24 S. Collington Ave. St., 13 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hettie Iglehart

(a) Residence: No. 24 S. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Iglehart

6. DATE OF BIRTH (month, day, year) Oct. 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amanda Hoyt

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William H. Iglehart

(Address) 24 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 17, 1932

19. UNDERTAKER Fredk. Lanzenheimer & Son

(Address) 2401 Eden Road

20. FILED Aug 15 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 32 to Aug 14 32

I last saw deceased alive on Aug 13 1932 Death is said to have occurred on the date stated above, at 9:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1924
Contributory causes of importance: Pneumonia (Hypostatic)	Aug.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gerry M. D.

(Address) 622 Cathedral St

B 82122 B—50L

E 82122

48

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 211 N. Carrollton Ave ST. 18-7th WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Emma Davis

(a) RESIDENCE NO 211 N. Carrollton Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Noah Davis

6 DATE OF BIRTH (month, day, and year) About 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles A. Sugars

11 BIRTHPLACE OF FATHER (city or town) Howard Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Matthews

13 BIRTHPLACE OF MOTHER (city or town) Howard Co
(State or country) Maryland

14 Informant Noah Davis

(Address) 211 N. Carrollton Ave

15 Filed Aug 16 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) about 1 yr. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

8/16 1932 (Address) 803 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 19, 1932
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 322 N

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 82123 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82123

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-29 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Gorman

(a) Residence: No. 1204 Glyndon Av. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas E. Gorman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Baker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Mrs. M. Gorman 1204 Glyndon Av.

18. BURIAL, CREMATION, OR REMOVAL. Place Richmond Va Date 8/17/32 19

19. UNDERTAKER (Address) John J. Emory Son Inc 2218 Eutaw St. Baltimore Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd. degree burns of trunk & extremities	8/14/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/14 19 32

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of Injury Burned matches

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Miller M. D.

(Address) 2709 Eastern Ave. Coroner

M. D. B. 1288-0

82124

HEALTH DEPARTMENT—CITY OF BALTIMORE

82124

CERTIFICATE OF DEATH

54-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 22-4 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 15 yrs. ... mos. ... ds.

2. FULL NAME Walter Tamalonis

(a) Residence: No. 215 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Tamalonis

6. DATE OF BIRTH (month, day, year) March 15 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Joseph Tamalonis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Redeemer Date August 17 1932

19. UNDERTAKER Chas R. Kushargian
(Address) 637 S Posa St

20. FILED AUG 17 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 1932 to August 13 1932

Last saw h.. in alive on August 13 1932 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	?
Other contributory causes of importance: Pneumonia, bronch.	8-10-32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. F. Magill M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-9

E 82125 HEALTH DEPARTMENT—CITY OF BALTIMORE 82125

CERTIFICATE OF DEATH

92-001

Registered No. 23-33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 S Charles St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Leibold

(a) Residence: No. 1409 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Andrew A Leibold

6. DATE OF BIRTH (month, day, year) July 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Alb Teal

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Clara E Krantz

(Address) 1452 Kenyon St

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date Aug 18 1932

19. UNDERTAKER H Howard Evans

(Address) 55 E Fort Ave

20. FILED Aug 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1932 to Aug. 15 1932

I last saw HER alive on Aug 15 1932. Death is said to have occurred on the date stated above, at 1:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Other contributory causes of importance: Exhaustion	8/14/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Compton M. D.

8/15/32 (Address) 1644 Hanover St

E 82126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82126

CERTIFICATE OF DEATH

159 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Vine St. 20-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Jones

(a) Residence: No. 1829 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 12 1932

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	—	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Jones
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Bertha Buckner
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bertha Buckner
(Address) 1829 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8-16 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Belvedere Ave.

20. FILED 8-17-1932 Huntington Williams M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1932 to Aug. 15th, 1932

I last saw her alive on Aug. 15th 1932 death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	8/11/32
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Edell M. D.

(Address) 1137 N. Eutaw St

Spec 7-17-46 A Co 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82127

B 82127

CERTIFICATE OF DEATH

REGISTERED NO. 159

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 1514 Division St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Johnson

(a) RESIDENCE NO. Street, Maryland Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1½ hrs ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 14, 1932

7 AGE Years Months Days IF LESS than 1 day 1½ hrs. or min..

Newborn

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER Benjamin Johnson

11 BIRTHPLACE OF FATHER (City or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Beulah Lee

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant (Address) Mother Street, Maryland

15 Filed Aug 15 1932 Washington Williams, N.T. Registrar

R. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Aug 14, 1932, that I last saw h.. alive on August 14, 1932, and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

Prematurity

Being cared for one hour

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Butler, M. D.

8/15/32 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. H. Med. College

Date of Burial Aug 16 1932

20 UNDERTAKER Commissioner Health

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75

AUG 16 1932

7192

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82128

CERTIFICATE OF DEATH

159 E 82128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-9 Ward)

Length of residence in city or town where death occurred..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth?..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Inamura (Inamura)

(a) Residence: No. 1916 E Fairmount Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Inamura

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Kame Inamura

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Aug 6 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED Aug 6 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1932 to Aug 13 1932

I last saw him alive on Aug 13 1932. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Aug 6-13

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H Beckford Jr. M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

7198

M. D. B. 1268-9

82129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82129

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary 46

CITY OF BALTIMORE: (No. North Broad St. (Ward) 9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Irene Trefert

(a) Residence: No. 2112 Fremont Ave St., Ward Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 21, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	6	~~16~~ 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr Albert Trefert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs Lena Ruehm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Theodore Matthews

(Address) 2737 Stevenson Ave, Bal.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Aug 18" 32

19. UNDERTAKER Joseph H Cook

(Address) 1007 N. Baltimore St.

20. FILED Aug 18 1932 Huntington Indiana

R.B.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th 1932 to Aug 16th 1932

I last saw h[illegible] alive on Aug 16th 1932 Death is said to have occurred on the date stated above, at 5.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus	Not known

Other contributory causes of importance:

Cardiac failure	

Name of operation Colostomy Date of Aug 15, 32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Richard C. Cummings M. D.

(Address) The Church Home and Infirmary

M. D. H. 1268-0

82130 263/51

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137 B 82130

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. most ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grandison Stewart.

(a) Residence: No. Caufield St., Ward W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Stewart.

6. DATE OF BIRTH (month, day, year) Jan 1 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va
(State or country)

FATHER

13. NAME James T. Stewart

14. BIRTHPLACE (city or town) W. Va
(State or country)

MOTHER

15. MAIDEN NAME Malaziah Lee Masten

16. BIRTHPLACE (city or town) W. Va
(State or country)

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sutton W Va Date 8/16/32

19. UNDERTAKER Joseph Ahrens
(Address) 221 Eutaw Huntington W. Va

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 . 1932 to Aug 14 . 1932

I last saw h/m alive on Aug. 14 . 1932 Death is said to have occurred on the date stated above, at 8.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	

Other contributory causes of importance:

Hemorrhage
Tumor of liver
Benign Prostatic Hypertrophy

Name of operation ..... Date of 8/12/32

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) T. E. Anderson M. D.

(Address) Johns Hopkins Hospital.

OCCUPATIONS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M. & T.—100 B—50L

E 82131

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82131

CERTIFICATE OF DEATH

163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. 9-28 WARD

2-FULL NAME Elizabeth Ihle

(a) RESIDENCE NO. 118 S. Mount ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18th 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	1	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Ihle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Gaa

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charles Ihle, Jr.
(Address) 118 S. Mount St.

15 Filed Aug 16 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride of Mercury Poisoning — Suicide while Insane

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis, entero-colitis and gastritis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical Signs

(Signed) Guy M. Cromwell, M.D. Coroner

8/16 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Aug 17 1932

20 UNDERTAKER Harry R. Mutzke, 111 of Edmondson

ADDRESS

TION is very important See instructions on back of certificate.

AaCo. 5-31 250B

B 82132

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82132

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Smallwood St. St. 20-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Heil

(a) Residence: No. 8 S. Smallwood St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phillip Heil

6. DATE OF BIRTH (month, day, year) March 13, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Fuestel

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Phillip Heil
(Address) 8 S. Smallwood

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug. 17, 1932

19. UNDERTAKER Harry H. Weitfle
(Address) 4101 Edmondson Ave.

20. Filed ... 1932 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. Jan. ..., 1932, to Aug 13, 1932
I last saw h[illegible] alive on Aug 13, 1932, death is said to have occurred on the date stated above, at 2 40 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int. Obstruction	2 days.

Other contributory causes of importance:

Carcinoma of large bowel	6 mon.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. No.

(Signed) J. H. Wiggins, M. D.
(Address) 375 Hudson

Spec.—1-30—M. & T.—250 Bks

E 82133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82133

119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N Ellwood St. 7-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise M Franklin

(a) RESIDENCE NO. 602 N Glover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11 32

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Thomas L Franklin

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Thelma Brandley

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Thomas L Franklin
(Address) Balto

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15-1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15 . 1932 to Aug. 15 . 1932

that I last saw h alive on Aug. 15 . 1932

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) one yrs. one mos 3 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B. Franley, M. D.

Aug 17 1932 (Address) 1223 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Aug 17 1932

20 UNDERTAKER John Ulland

ADDRESS 2008 Orleans

1932 Huntington Williams Hill & U.S.H. Register

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82134

CERTIFICATE OF DEATH

82 B 82134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2749 Tivoly Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry F. Mathiesen

(a) Residence: No. 2749 Tivoly St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Mathiesen

6. DATE OF BIRTH (month, day, year) Oct 28. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Mathiesen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schroeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katherine Mathiesen

(Address) 2749 Tivoly

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 18. 1932

19. UNDERTAKER John Allen

(Address) 2008 Calvert St

20. FILED Aug 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from March. 1932 to Aug. 15. 1932

I last saw him alive on Aug 15th. 1932 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Wills Paralysis	

Other contributory causes of importance:

Cancer Rectum	

Name of operation None Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Ervin Zimmerman M.D.

(Address) 2858 Harford Rd

M. D. B. 1268-9

E 82135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 82135

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) West Balto New Hosp St., 46-69 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Mary Truitt

(a) Residence: No. 606 Franklintown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml
4. COLOR OR RACE White
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton Truitt
6. DATE OF BIRTH (month, day, year) Jan 29-1897
7. AGE Years 35 Months 6 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

FATHER
13. NAME Sol R. Harvey
14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER
15. MAIDEN NAME Lellie M Hammond
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Brittingham
(Address) 2826 Winchester

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Aug 18, 1932

19. UNDERTAKER Harry J Armacost & Son
(Address) 42 W Lexington St Baltimore, Md

20. FILED 1932 R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Aug 16, 1932

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follow

	Date of onset
Suicide	
Bichloride Mercury Poison	2 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Suicide, or Homicide? Suicide Date of injury , 19

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leo Krantz, M. D. Coroner
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 82136

B 82136

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hosp. 24 (Ward) 33

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dalcie May Brennan

(a) Residence: No. 1406 William St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 25 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME John J. Brennan.
14. BIRTHPLACE (city or town) (State or country) Balto. city

MOTHER

15. MAIDEN NAME Grace Marsh
16. BIRTHPLACE (city or town) (State or country) Balto city

17. INFORMANT J. J. Brennan
(Address) 1406 William

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Aug 17 . 1932

19. UNDERTAKER Margaret D. Flynn Jr.
(Address) 2167 N. Fulton Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 . 1932 to Aug 14 . 1932
I last saw h[illegible] alive on Aug 14 . 1932 Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Staphylococcus Nephritis	Aug 10
Other contributory causes of importance:	
Bronchopneumonia	Aug 13

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) K. T. Young . M. D.
(Address) St. Joseph's Hosp

A&Co. 5-31 250B

82137

HEALTH DEPARTMENT—CITY OF BALTIMORE

82137

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1504 Latrobe Park Terrace

CITY OF BALTIMORE: (No. ..... St., 24 Ward.)

Registered No. 131 B 82137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie J. Sullivan

(a) Residence: No. 1504 Latrobe Park Terrace St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Sullivan

6. DATE OF BIRTH (month, day, year) April 2 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin McGuire

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ellen Wright (sister)
(Address) 1232 N. Gross St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 18 1932

19. UNDERTAKER Margaret J. Glynn
(Address) 2107 N. Milton Ave

20. FILED Aug 19 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1932, to August 14, 1932

I last saw her alive on Aug 13, 1932 death is said to have occurred on the date stated above, at 11:45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia, Arteriosclerosis	Aug 3
Gangrene. Foot.	7 days

Other contributory causes of importance:

Chr Interstitial Nephritis.	Aug 31

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Thos. J. Stevens M. D.

(Address) 2878 Hartford Rd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82138

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 92

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Eastern ave. WARD) 2-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Genievue Cirelli

(a) RESIDENCE NO. 909 Eastern ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Cirelli

6 DATE OF BIRTH (month, day, and year) March 14 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. House

(b) General nature of industry, business, or establishment in which employed (or employer) Wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Not Knoown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Mahutilli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Pauline Cirelli

(Address) 905 Eastern ave.

15 Filed Aug 16 1932 Huntington Williams, M.D. Registrar R.C.M. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Aug. 14, 1932, that I last saw her alive on Aug. 13, 1932, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. A. Iannielli M. D.

Aug. 19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincents	Aug 18 1932
20 UNDERTAKER	ADDRESS
Wendel J. Dippel	300 S. Eden St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82139 E 82139

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1350 N. Calhoun (St.) 15-22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas E. Young.

(a) Residence: No. 1350 N. Calhoun St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 6-1931

7. AGE: Years 1 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Ed Young

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Bessie Jones

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Bessie Young

(Address) 1350 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Aug 17, 1932

19. UNDERTAKER: Thomas E. Kelson

(Address) 303 Presstman St

20. FILED Aug 16 1932 Huntington Williams M.D. Registrar.

C. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16-1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 Days
Whooping Cough	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

M. D. B. 1268-9

82140 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82140

CERTIFICATE OF DEATH

1837

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Laurens St. 16-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Booth

(a) Residence: No. 1107 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	Black	Infant

3a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			1 hr

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Albert Anderson

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Alicelucille Booth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT ~~Welfare Center~~ (~~Dept~~)

(Address) Mother

BURIAL, CREMATION, OR REMOVAL

Date 8-16 19 32

19. UNDERTAKER Daniel Furlong

(Address) 706 Druid Park Ave

20. FILED AUG 17 1932 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Aug 15, 1932

I last saw her alive on Aug 15, 1932 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning -	
(over)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Probably accident

Accident, Suicide, or Homicide? Date of injury 19

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Delivered while sitting on toilet.

Nature of injury Drowning -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave

M. D. B. 1268-9

82141 HEALTH DEPARTMENT—CITY OF BALTIMORE 82141

CERTIFICATE OF DEATH

66-002

Registered No. 20-71

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Lyndhurst Ave. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie B. Owings

(a) Residence: No. 423 Lyndhurst Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Theodore Owings

6. DATE OF BIRTH (month, day, year) June 12, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairhaven, A.A.Co., Md.

FATHER

13. NAME Capt. Hooper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Prout

16. BIRTHPLACE (city or town) (State or country) Fairhaven, A.A.Co., Md.

17. INFORMANT Mrs. Mazie Hayward
(Address) 2901 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 19. 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED 1932 Huntington Hills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21 1932 to Aug 16 1932

I last saw her alive on Aug 16 1932. Death is said to have occurred on the date stated above, at 2. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic goiter	
Cardiac asthma	
Chronic nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

*Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) P. H. Linden, M. D.

(Address) 3421 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

82142 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82142

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Cliftview Ave. St., 8-45 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Serafino Scinta

(a) Residence: No. 1504 Cliftview Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustine Scinta

6. DATE OF BIRTH (month, day, year) July 17th. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony Scinta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Giglo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Augustine Scinta.
(Address) 1504 Cliftview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Aug 18 1932

19. UNDERTAKER Chas. P. Crane Son
(Address) 113 N. Mt. Royal Ave

20. FILED AUG 17 1932 Harrison Williams Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15th. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Aug. 15, 1932

I last saw him alive on Aug. 15, 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	Unknown

Other contributory causes of importance:

Arteriosclerotic Cardiovascular disease	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. A. Tumminello, M. D.

(Address) 306 N. Greene St.

E 82143

Stock 4-1278-5 U. S.—500 Blks.

E 82143

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 V

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 921 S Linwood ave. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Jackson

(a) RESIDENCE NO. 921 S Linwood Av. WARD .....

(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Jackson

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Chisholm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rose Espa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles Jackson

(Address) 921 S Linwood ave

15 Filed Aug 18 1932 [illegible] Registrar

1 71932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 - 32

17

I HEREBY CERTIFY, That I attended deceased, from July 20 - 1932, to Aug 16 - 1932,

that I last saw h[illegible] alive on Aug 16 - 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Uremic poisoning

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 3 mos. - ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Vogt, M. D.

8-17 1932 (Address) 3042 Hudson St Balto Md

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bals Lawn Cem	August 18 1932

20 UNDERTAKER John J Duda ADDRESS 2811 Hudson St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82144 E 82144

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hosp 10-14 182-001 Registered No.
CITY OF BALTIMORE (No. 10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Raymond Baker
(a) Residence: No. 2362 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Baker

6. DATE OF BIRTH (month, day, year) Aug 5 1882

7. AGE Years 37 | Months — | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Md

FATHER
13. NAME Alfred W Baker
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Nelson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nola Hardin
(Address) Darlington Md

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19

19. UNDERTAKER [illegible]
(Address) 720 E. Madison

20. FILED [illegible] 19 Huntington Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19 Surgery
Last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	[illegible]
Sudden	

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible] 19
Where did injury occur? [illegible]
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place [illegible]
Manner of Injury [illegible]
Nature of Injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible]
If so, specify [illegible]

(Signed) H. Leuk Coroner M. D.
(Address) Bel Air

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82145 E 82145

CERTIFICATE OF DEATH

Registered No. 495

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 S. Brunswick St. Ward) 25-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Mary Fahnestock

(a) Residence: No. 931 S. Brunswick St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. J. Fahnestock

6. DATE OF BIRTH (month, day, year): May 22-1892

7. AGE: Years 40 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pittsburgh Penn.

FATHER

13. NAME: Wm. K. Ford.

14. BIRTHPLACE (city or town) (State or country): Butler. Pa.

MOTHER

15. MAIDEN NAME: Nellie Tangell.

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Wm. J. Fahnestock.

(Address) 931 S. Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 8/18/32 19

19. UNDERTAKER: F. B. Wyndett

(Address) 1300 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1932 to Aug. 15 1932

I last saw her alive on Aug. 15 1932 Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left Ovary	1931

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 4/24/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Briggs, M. D.

(Address) 1324 W. Lanvale St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82146

CERTIFICATE OF DEATH.

13 E 82146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2539 W. Lombard ST. 20-69 WARD)

2-FULL NAME Lebair Grant Mills

(a) RESIDENCE NO. 2539 W Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John Wesley Mills

6 DATE OF BIRTH (month, day, and year): May 21-1873

7 AGE: Years 59; Months 4; Days 21; If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Geo H. Fiske

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Lucy Hedges

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn.

14 Informant (Address): John W. Mills 2539 W. Lombard St

15 Filed ....., 19 ..... Registrar: Huntington Investment Co

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1932

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1932, to Aug 16, 1932.

that I last saw her alive on Aug 16, 1932

and that death occurred, on the date stated above, at 2 17 m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardiovascular Renal Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas. H. Edwards, M. D.

, 19 (Address) 2716 Auchentoroly Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 8/19/32

20 UNDERTAKER: F. D. Westphal

ADDRESS: 1300 Eutaw Place

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

Walter A Cox 537 Woodward Parkway Cit 21241

82147 HEALTH DEPARTMENT—CITY OF BALTIMORE

V/31 E 82147

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 W. Hamburg St. 21-31 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Blum

(a) Residence: No. 514 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Catherine Blum

6. DATE OF BIRTH (month, day, year) July 12th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Blum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fritz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry G. Blum (Son)
(Address) 711 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1932 to Aug 16 1932

I last saw him alive on Aug 16 1932 Death is said to have occurred on the date stated above, at 11.03 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Walter A Cox M. D.

(Address) 537 Woodward Parkway.

M. D. B. 1268-9

E 82148 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82148

CERTIFICATE OF DEATH

97v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Ash St. St. 13-57 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah L. Phillips

(a) Residence: No. 3629 Ash St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 14 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Phillips

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Shipley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Phillips
(Address) 3709 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary Hampden Date Aug 17 1932

19. UNDERTAKER Thanhouser Bros.
(Address) 3619 Harford Ave.

20. FILED Aug 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1932

22. I HEREBY CERTIFY, That I attended deceased from August 13 1932 to Aug 17 1932

I last saw her alive on Aug 16 1932. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis & Cardio Respiratory Paralysis	Aug 13-32

Other contributory causes of importance:

Concussion Brain	2 yrs ago
Fracture clavicle	9 yrs ago
Bedridden	9 yrs.

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify no

(Signed) W. Clift, M. D.

(Address) 3532 Chestnut Ave

M. D. B. 1268-9

Znowina

82149

HEALTH DEPARTMENT—CITY OF BALTIMORE 82149

CERTIFICATE OF DEATH

120

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 2-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 23 yrs. ... mos. ... ds.

2. FULL NAME Joseph Znowina

(a) Residence: No. 316 S. Chapel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Znowina

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Znowina

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Gryzwalska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Margaret Znowina

(Address) 316 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 18 1932

19. UNDERTAKER Fr. Orzazewski

(Address) 1930 Eastern Ave

20. FILED ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15 1932

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1932 to August 15 1932

I last saw him alive on August 15 1932 Death is said to have occurred on the date stated above, at 4.15 p m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 7/8/32

Other contributory causes of importance:

Ulcerative colitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82150

E 82150

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tp.) 1-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Bomhardt

(a) Residence: No. 508 S. Curley st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Bomhardt

6. DATE OF BIRTH (month, day, year) July 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Christoph Bomhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Alisia

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Aug. 19th 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930 to August 15, 1932

I last saw him alive on August 15, 1932. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1921
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Green, M. D.

(Address) Baltimore City Hospitals

W. P. B. 9

82151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82151

93-003 Bal

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Foster ave St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Foeller

(a) Residence: No. 3714 Foster ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch. 1876.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. E. Hurst & Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME John Foeller
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Pfeiffer
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT George Foeller Bro.
(Address) 519 N. East ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 20th 1932

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 103 E. Biddle St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1932 to Aug 16 1932

I last saw h[illegible] alive on Aug 15 1932. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
Cyst[illegible] Pancreas	1932
Coronary Thrombosis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J. Kyle Jr. M. D.

(Address) 3560 Fait Ave

M. D. B. 1268-9

B 82152 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82152

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elisia Arosemena de Diaz

(a) Residence: No. 27 Via Espana, Panama St., Ward. Republic de Panama

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pablo Arosemena

6. DATE OF BIRTH (month, day, year) Aug 22, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	1843	Aug. 6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Republic de Panama Panama

FATHER

13. NAME General Domingo Diaz
14. BIRTHPLACE (city or town) (State or country) Panama

MOTHER

15. MAIDEN NAME Ramona Alba
16. BIRTHPLACE (city or town) (State or country) Panama

17. INFORMANT Juan Antonio Linares
(Address) 27 Via Espana, Panama

18. BURIAL, CREMATION, OR REMOVAL
Place Panama Date Aug 23, 1932

19. UNDERTAKER John O. Middleditch Son
(Address) 1900 Eutaw Place
Hunter 5 0777

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1932 to Aug. 15, 1932
I last saw her alive on Aug. 15, 1932 Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	1927
Chronic Nephritis	

Other contributory causes of importance:
Operation for removal of Cataract

Name of operation Removal of Cataract Date of 8-12-32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If (a) specify ...

(Signed) Richard C. Cumming, M. D.
(Address) The Church Home and Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82153

CERTIFICATE OF DEATH

159 B 82153

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 6th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Jones

(a) Residence: No. 1106 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/15/32

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 23 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Jamie Richardson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

MOTHER

15. MAIDEN NAME Jennie Jones

16. BIRTHPLACE (city or town) (State or country) Wells Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date Aug 17, 1932

19. UNDERTAKER

(Address) Huntington Williamsport Md

20. FILED 7201

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Aug 15, 1932

I last saw ... alive on Aug 15, 1932 Death is said to have occurred on the date stated above, at 11 4/5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 5 mo.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. J. Young, M. D.

(Address) St Joseph Hosp

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82154 B 82154

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Liberty Heights Ave. 15-60 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Carl Freudenthal

(a) Residence: No. 2509 Liberty Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Straus Freudenthal

6. DATE OF BIRTH (month, day, year) Nov. 22, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trimmings

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Loeb Freudenthal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Hirsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. Freudenthal
(Address) 2509 Liberty Hgts. Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Balto. Hebrew Date Aug. 18, 1932

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 1924 to Aug. 15 1932
last saw h in alive on Aug. 15 1932 Death is said to have occurred on the date stated above at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isidore S. Fry M. D.

(Address) 2324 Eutaw Place

St. Marrieskey 3632 Roland Ave Mnse 1644

1-30—M. & T.—100 B—50L

E 82155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82155

CERTIFICATE OF DEATH

183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2014 N. Calvert ST. 12-19 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ariana N. U'Dell

(a) RESIDENCE NO 2014 N. Calvert ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Abner H. U'Dell

6 DATE OF BIRTH (month, day, and year) About 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2.	2.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Lloyd Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Macelfreisch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lyla E. Erb

(Address) Riviera Beach Md

15 Filed ..... 192 ..... Registrar

1932

CORONER'S CERTIFICATE OF DEATH 11 a.m.

16 DATE OF DEATH (month, day, and year) Aug 16th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning - in bathtub at her home

Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary disease of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Mossner, M. D. Coroner

M. D. (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kreiders Cemetery

DATE OF BURIAL 8/18 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important See instructions on back of certificate.

M. D. B. 1268-9

Dr Campbell ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82156 B 82156

CERTIFICATE OF DEATH

54-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S. Charles St. 23-31 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen L. Hughes

(a) Residence: No. 914 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George K. Hughes

6. DATE OF BIRTH (month, day, year): Dec 2 1860

7. AGE: Years: 71 | Months: 8 | Days: 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James K. Webster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Georgianna Keener

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: George K. Hughes
(Address): 914 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 8/19/32

19. UNDERTAKER: J. M. Cull
(Address): 1219 E. Fayette St

20. FILED: AUG 17 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1931 to Aug. 17, 1932

I last saw HER alive on Aug. 16, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fibroid Tumor of Uterus (non malignant) — Date of onset: 8/15/32

Other contributory causes of importance:

Exhaustion

Name of operation: None Date of: —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If ... specify

Signed: R. K. Campbell M. D.

8/17/32 (Address) 1644 Hanover St

M. D. B. 1268-9 Dr. H. S. Jones 720 N North Ave Mad 5257 ✓

E 82157 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 82157

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2812 W. Lanvale St. 16-6X (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Theresa MacKay

(a) Residence: No. 2812 W Lanvale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph MacKay

6. DATE OF BIRTH (month, day, year) July 6th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

FATHER

13. NAME James Shackelton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fortescue

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lydia Riggs

(Address) 2812 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date Aug 17 32

19. UNDERTAKER Wm Cook & Co

(Address) 1217 E Fayette St

20. FILED Aug 18 1932 Huntington Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1932 to Aug 16 1932

I last saw h.. alive on Aug 16 1932 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma in right temple region	1930

Other contributory causes of importance: Metastases to stomach

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H E Jones M. D.

(Address) 720 N North Ave

1-30—M. & T.—100 B—50L

E 82158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82158

CERTIFICATE OF DEATH

194-002.

REGISTERED NO. 67442

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

2-FULL NAME Gordon R. Mitchison.

(a) RESIDENCE NO 6000 Belair Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) December 18, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Mitchison.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Caroline Hetzner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Caroline R. Mitchison. (mother)

(Address) 6000 Belair Rd.

15 Filed 8-17, 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of skull, Compound fracture of scapula, Compound fracture of left femur, struck by propeller of speed boat while in bathing.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Stony Creek. August 14, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto M. Heimhardt, M. D. Coroner

8/16/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hartford Friends Burying Ground

DATE OF BURIAL 8-18 1932

20 UNDERTAKER Wm. Cook

ADDRESS 1217 N. Paul

TION is very important. See instructions on back of certificates.

A4Co. 5-31 250B

E 82159 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82159

CERTIFICATE OF DEATH

+ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. 8 mos. .... ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Thomas J. Clark.

(a) Residence: No. Lynchburg, Va St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug 3, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
76	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Clark

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hope Friends
(Address) Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date Aug 19th 1932

19. UNDERTAKER Stewart & Mowen Co
(Address) 108 W. North Ave

20. FILED AUG 17 1932 Thurlow Weed Wilkie, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931 to Aug 17, 1932

I last saw h.. alive on Aug 17, 1932 death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Cardiac Insufficiency	2 months
Senile Dementia (Confusion)	1 yr.

Other contributory causes of importance:

.... operation No Date of ....

What test confirmed diagnosis? Phy Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 17 1932

Where did injury occur? Mt Hope Retreat
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Mt Hope Retreat. Back Yard

Manner of injury Fall down steps

Nature of injury Cardiac Shock.

Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Milton P. Hall, M. D.

(Address) Mt Hope Retreat.

Spec. 1-10-21—M&T—1500 Blks.

E 82160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82160

CERTIFICATE OF DEATH.

53 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1240 (Street) Battery Ave (WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Revol

(a) RESIDENCE NO. 1240 Battery Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter C Revol

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Edna A. Wuillemin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Walter C Revol

(Address) 1240 Battery Ave

15 Filed AUG 10 1932 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1932

17

I HEREBY CERTIFY, That I attended deceased from June 10th, 1932, to Aug 7th, 1932,

that I last saw him alive on Aug 6th, 1932,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of thymus (Left)

(duration) yrs. 8 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry B Kolb, M. D.

, 19 (Address) 1703 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: 8-20 1932

20 UNDERTAKER: E & B Karle ADDRESS: 115 E West St

TION is very important See instructions on back of certificates.

B 82161

B-30 [illegible] 00 B—50L

B 82161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 ✓

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-72 WARD)

2-FULL NAME Agnes J. Schwartz

(a) RESIDENCE NO 2301 Grove ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 15th, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School-girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Schwartz

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline A. Tucker

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant John A. Schwartz (Address) 2301 Grove St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16th, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous Appendix

(duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Generalized Peritonitis

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 8/16/32

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs + operation

(Signed) Guy H. Cromwell, M. D. Coroner

8/17/32 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C & C

DATE OF BURIAL 8-20 1932

20 UNDERTAKER Bernard C Harde

ADDRESS 1000 S. PACA ST.

TION is very important See instructions on back of certificates.

E 82162 T.—250 Bks. E 82162

HEALTH DEPARTMENT—CITY OF BALTIMORE

25

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1213 Edmondson Ave. 16-26 WARD)

2-FULL NAME Jerome Hyman

(a) RESIDENCE NO. 1213 Edmondson Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ? 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Marshall Hyman

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Rosetta Thomas

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Rosetta Hyman
(Address) 1213 Edmondson Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Aug 15, 1932
that I last saw h.. alive on Aug 14, 1932
and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) ....yrs. 1 mos 21 ds.

CONTRIBUTORY —
(Secondary)
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. F. Howell M. D.

8/17/32 (Address) 601 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 8/18 1932

20 UNDERTAKER E. A. Wilson ADDRESS Brantley Ave.

M. D. B. 1268-2

B 82163

B 82163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 25-73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Hollins Ferry Rd Ward) 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Cuddon

(a) Residence: No. 2906 Hollins Ferry Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs. Jennie Cuddon

6. DATE OF BIRTH (month, day, year) Feb 15. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 yrs	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass works

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME James Cuddon

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Frank Kelley 2906 Hollins Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 18 1932

19. UNDERTAKER (Address) Wm Pickett & Sons Pickett & Clemens

20. FILED Aug 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1932 to Aug 15 1932

I last saw him alive on Aug 17 1932 Death is said to have occurred on the date stated above, at 4:16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?
Other contributory causes of importance:	
Coronary thrombosis	?

Name of operation None Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Pl.

E 82164

M. D. B. 1268-9

82164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lloyd

(a) Residence: No. 1317 Montford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lloyd

6. DATE OF BIRTH (month, day, year) Mar 26 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward T. Lloyd

(Address) 2715 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date Aug 19 1932

19. UNDERTAKER Wm. J. Miller & Son

(Address) 2234 Gilmor St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pneumonia	

Other contributory causes of importance:

Exfoliative Urinary Retention

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Pierpont Coroner, M. D.

(Address) 1503 Eutaw Pl

M. D. H. 1268-9

E 82165

82165 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 N. Patterson Pk. Ave St., 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Via

(a) Residence: No. 241 N. Patterson Pk. Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph W. Via

6. DATE OF BIRTH (month, day, year) Feb. 18, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clifton Dudrow

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Bromwell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Joseph W. Via 241 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Aug. 19, 1932

19. UNDERTAKER (Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to Aug 16, 1932

I last saw her alive on Aug 16 1932 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

Other contributory causes of importance: Hypertrophic Cirrhosis Liver Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. L. Brazer M. D.

(Address) 26 E. Baltimore St.

M. D. B. 1265-9

82166 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82166

CERTIFICATE OF DEATH

Registered No. 15-5872-001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Freed

(a) Residence: No. 2317 Anoka Ave St., Balt Ward Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora nee Baer.

6. DATE OF BIRTH (month, day, year) Nov. 30 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8 9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sponging

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Rockville

FATHER

13. NAME Mat Freed

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Raffel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dora Baer

(Address) 2317 Anoka Ave

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date Aug 18 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 127 E Biddle St

20. FILED AUG 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932 to Aug. 17, 1932

I last saw him alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lymphatic leukemia	2 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. R. Colen M. D.

(Address) Sinai Hosp.

M. D. B. 1268-9

82167 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82167

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 191

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alex Sprysa

(a) Residence: No. 31 E. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russian Poland

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Michael Ruzilla (Address) 2224 Champlain St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 19, 1932

19. UNDERTAKER: [illegible] (Address) [illegible]

20. FILED Aug 19 1932 Huston-Tow Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 to Aug 16 1932

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration — Sudden — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. Schenk M. D. Coroner

(Address) Coroner

M. D. H. 1268-9

E 82168 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82168

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. (If not in Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Thomas

(a) Residence: No. 111 N. Mound St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mollie Thomas

6. DATE OF BIRTH (month, day, year) Dec 29

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pick Hand shovel laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Thomas

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER

15. MAIDEN NAME Mary Gibson

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Records City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Aug 18. 1932

19. UNDERTAKER Edw. Brown

(Address) 1631 Pleasant St

20. FILED AUG 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15. 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25. 1932 to 8-15. 1932

I last saw him alive on 8-15. 1932 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-25-32
Other contributory causes of importance: Cerebral Embolism	8.15.32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

8.16.32

(Signed) Elmer Hitchens M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 82169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82169

CERTIFICATE OF DEATH

1182

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 507 N. Stricker St., 4-27 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Parker
(a) Residence: No. 507 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Leo Parker
6. DATE OF BIRTH (month, day, year): 1876
7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 7 M to md
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Unknown

MOTHER
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Martha Boston
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edgar Parker
(Address) 507 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cmty Date Aug 15 1932

19. UNDERTAKER: Walter B. Sprigg
(Address) 1394 W. Hamburg St.

20. FILED Aug 17 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on August 13 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	48 hours
Other contributory causes of importance: Error of diet Had eaten fresh sausage for supper	

Name of operation: Surgical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

N.P. (Signed) H. Leo Smith M. D.
Coroner
(Address)

M. D. H. 1268-0

82170

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82170

CERTIFICATE OF DEATH

13 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1623 Abbottston St. 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John E. Brune

(a) Residence: No. 1623 Abbottston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) Oct 9 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME William Brune

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Rummelsburg

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mary A. Brune

(Address) 1623 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 20. 1932

19. UNDERTAKER Hasting W. E. Deppel Inc

(Address) 37 E Lanvale St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1932 to Aug 17 1932

I last saw him alive on Aug 17 1932 Death is said to have occurred on the date stated above, at 10P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	1930

Other contributory causes of importance:

Cerebral Hemorrhage	1930
Uremia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Tom S. Kinsey M. D.

(Address) 2700 Howard St.

AaCo. 5-31 250B

Estelle Carter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82171

CERTIFICATE OF DEATH

E 82171

82-001

Registered No. 37-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1457 Edmondson Ave St., 37-48 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Carter

(a) Residence: No. 1457 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Carter

6. DATE OF BIRTH (month, day, year): April 1875

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	57	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: James Bell

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Dorothy Brown

(Address): 1713 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Pleasant Rest Date: 8/10/32

19. UNDERTAKER: Mr. Geo. E. Holland

(Address): 1631 E. Biddle Ave

20. FILED: Aug 11 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Aug 15, 1932

I last saw her alive on Aug 15, 1932 death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Aug 5

Other contributory causes of importance: Senile Debility

Name of operation: None Date of: None

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. B. Hall M. D.

(Address) 1266 Edmondson Ave, Balto Md

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82172

CERTIFICATE OF DEATH

E 82172

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. Ward) 27

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma Brown

(a) Residence: No. 1720 W. Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ophelia Brown

(Address) 1720 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Morehead, N.C. Date 8-18- 1932

19. UNDERTAKER Daniel Easton

(Address) 916 Dru Ave.

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1932 to Aug 11, 1932

I last saw her alive on Aug. 11, 1932 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	
Auricular fibrillation	
Pulmonary edema and generalized anasarca	Aug 1, 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. F. Young, M. D.

(Address) St. Joseph Hosp

M. D. B. 1268-9

E 82173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82173

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 11-15 St., Ward)

Registered No. 54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Rev. Peter J. O'Carroll

(a) Residence: No. St. Ignatius Rectory Clifford & Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest. 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country) New York

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) " " "
(State or country) " " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) " " "
(State or country) " " "

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock, Md Date 8/20 1932

19. UNDERTAKER Hanley & Mears & Son
(Address) 805 N. Calvert St.

20. FILED 8-18-1932 Huntington Williamette, W.Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932 to August 17, 1932.
I last saw him alive on August 17, 1932. Death is said to have occurred on the date stated above, at 4:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 23 1932
Other contributory causes of importance: Diabetes Mellitus	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Simon Brazel M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

82174 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82174

CERTIFICATE OF DEATH

X 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. 11 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Kate S. Regester

(a) Residence: No. Pikesville, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry S. Regester

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob F. Grove

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaretta Ramsay

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Henry Regester

(Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 8/20 19 32

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert Street

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 . 1932 to Aug. 17 . 1932

I last saw her alive on Aug. 17 1932. Death is said to have occurred on the date stated above, at 5 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of large intestine	1930?

Other **contributory causes** of importance:

Name of operation Laparotomy Date of 8-11-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Marion Jones Shaw M. D.

(Address) Univ. Hosp.

E 82175

Darl R. Auvil

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82175

CERTIFICATE OF DEATH

263943

160-002

Registered No. 16-70

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Darl R. Auvil

(a) Residence: No. 2904 Edmondson Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3 - 1932

7. AGE Years	Months	Days 1/4	If LESS than 1 day, ... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Darl Auvil

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Margaret Henning

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont W. Va. Date Aug 20 . 1932

19. UNDERTAKER Charles P Powell

(Address) 2904 Edmondson Ave

20. FILED AUG 17 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 17 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug - 14th . 1932 to Aug - 17 . 1932

I last saw him alive on Aug. 17 . 1932 Death is said to have occurred on the date stated above, at 12 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head Injury - Hemorrhage ?	Aug 14 ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Bickford Jr. M. D.

(Address) Johns Hopkins Hosp

Spec.—9-30—A. & Co.—250 Bks.

E 82176 ✓ E 82176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 563 Cross Country Blvd ST. 27 WARD 27-55

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Grason Scantle

(a) RESIDENCE NO. 563 Cross Country Blvd ST. 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 15 dys. How long in U. S., if of foreign birth? / yrs. / mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice Evans Scantle

6 DATE OF BIRTH (month, day, and year) Mar 1 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Controller Baltimore County Club

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Grason Scantle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Mary Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

14 Informant Mrs Alice Evans Scantle
(Address) 563 Cross Country Blvd

15 Filed AUG 18 1932 Huntington Phillips M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16-32

17 I HEREBY CERTIFY, That I attended deceased from August 5, 1932, to August 16, 1932
that I last saw h[illegible] alive on August 15, 1932
and that death occurred, on the date stated above, at 8.10 a m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY Angina Pectoris
(Secondary)
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas J Pole M. D.

, 19 (Address) 202 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Aug. 18 1932

20 UNDERTAKER John O. Mitchell & Sons — ADDRESS 1900 Eutaw Pl.

Keep this important. See instructions on back of certificate.

AACo. 5-31 250B

E 82177 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82177

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Webster St., 24 Ward) 24-33

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 43 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph D. Amarino

(a) Residence: No. 1409 Webster St., 24 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa Domicak

6. DATE OF BIRTH (month, day, year) Sept. 12, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

13. NAME Laurence

FATHER

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lore Gentile

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Theresa Amarino
(Address) 1409 W. Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross cem. Date 8, 19, 1932

19. UNDERTAKER John D. Tyler & Sons
(Address) 131 E. Fayette St.

FILED AUG 18 1932 Huntington Williams, Registrar.

8/17/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to Aug 16, 1932

I last saw h/M alive on Aug 16, 1932 death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	8/15/32

Name of operation None Date of —

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Cumston M. D.

(Address) 1644 Hanover St

M. D. B. 1268-9

E 82178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82178

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-8 (Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gustoff Schmidt

(a) Residence: No. 1216 E. Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) April 1 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Schmidt.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/19/32 19

19. UNDERTAKER J. J. Young & Sons
(Address) 1 E. Lexington St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29 1932 to Aug. 17 1932

I last saw him alive on Aug. 17 1932. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset July 1, 32

Bronchopneumonia

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. Konstoff M. D.

(Address) Mercy Hospital, Balto, Md.

IMPORTANT: FOR INSTRUCTIONS ON USE OF CERTIFICATE, SEE REVERSE SIDE.

M. D. B. 1268-9

E 82179 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82179

Registered No. 1594

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 West Hughes St. 27-31 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Welford Brown ☆ 2 twin

(a) Residence: No. 122 West Hughes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 1732 West Hughes St Baltimore
(State or country) Maryland

FATHER

13. NAME Sylvester Lucas

14. BIRTHPLACE (city or town) Petersburg
(State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Brown

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT other
(Address) 122 West Hughes St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 7, 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED 7203, 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932 to Aug 17, 1932
I last saw him alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

32 wks.

Other contributory causes of importance:

Maternal Lues

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leon M. Kongleton M. D.
(Address) Univ. Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82180 E 82180

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 West Hughes St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Brown Jun- N 1

(a) Residence: No. 122 West Hughes St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 122 West Hughes St Baltimore (State or country) Maryland

FATHER

13. NAME Edward Brown Sr

14. BIRTHPLACE (city or town) Petersburg (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Brown

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mother

(Address) 122 West Hughes St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 17, 1932

19. UNDERTAKER

(Address)

24. FILED Aug 17 1932 Thurston & Williams, M.D. Registrar

7209

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932 to Aug 17, 1932

I last saw him alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
32 wks.	

Other contributory causes of importance:

Maternal Cause

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos. R. Hodgson M. D.

(Address) Univ. Hosp.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82181 E 82181

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., 16-32 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Alissa.

(a) Residence: No. 1137 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip Augusta Alessa.
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Myrtle Francis.
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Myrtle Alissa.
(Address) 1137 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Aug 19, 1932

19. UNDERTAKER ...
(Address) ...

20. FILED 1932 Huntington Williams, M.D. Registrar.
7205 N.F.N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932, to Aug 17, 1932
I last saw her alive on Aug 17, 1932 death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	8-17-32
Other contributory causes of importance: Atelectasis Hematomum	8-17-32

Name of operation None Date of No.
What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph H. Carpenter M. D.
(Address) Univ. Hosp.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82182

E 82182

CERTIFICATE OF DEATH

REGISTERED NO. 1470

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) St. Agnes Hospital ST., 22-6 WARD

2-FULL NAME Estelle Hutchinson

(a) RESIDENCE NO. 557 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Hutchinson

6 DATE OF BIRTH (month, day, and year) June 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER William Dickerson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Lulu J. DeYed

(Address) 1106 Poplar Grove St

15 Filed 8 1932 Huntington Williams N.D. Registrar

8 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion - self induced

(Duration) yrs. about 2 weeks mos. ds.

CONTRIBUTORY (Secondary) Generalized Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs & autopsy

(Signed) Guy N. Cromwell M. D. Coroner

8/18, 1932 (Address) 923 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetary

DATE OF BURIAL Aug 19th 1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

TION is very important See instructions on back of certificate.

Cor.—12-9-21—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82183

CERTIFICATE OF DEATH.

93-003

E 82183

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 25-77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kalaiks Mazur

(a) RESIDENCE NO. 1623 Cypress St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 62? Months ___ Days ___ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mrs Anna Kranicka

(Address) 1607 Filbert St

15 Filed 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. Freeman M.D. M. D.

(Coroner)

, 19 (Address) 203 N Gilmor Balt Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery a.a.C. Date of Burial 8/19/1932

20 UNDERTAKER: E J Fanning & Son ADDRESS 1938 Lafayette Ave

M. D. B. 1268-9

E 82184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82184

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 833 Hamilton Terrace 11 Ward)

Registered No. 210

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Egbert Montell

(a) Residence: No. 833 Hamilton Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): widower

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (~~or wife of~~) Late Katherine V Montell

6. DATE OF BIRTH (month, day, year) Aug 21st 1859

7. AGE: Years 72; Months; Days 25; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James Egbert

14. BIRTHPLACE (city or town) (State or country): West India

MOTHER

15. MAIDEN NAME: Elizabeth Stugleto

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Miss Katherine Montell

(Address) 833 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 19th 1932

19. UNDERTAKER: Henry H Jenkins & Co

(Address) 1 East Preston St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 ... to ... 19 ...

I last saw h... alive on Injury 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right ribs, punctured R lung, shock.	8/16/1932

Other contributory causes of importance:

Struck by automobile

Name of operation ... Date of ...

What test confirmed diagnosis: autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 8/16 1932

Where did injury occur: St Paul & Eager Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury struck by auto while crossing street.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82185 E 82185

CERTIFICATE OF DEATH

131

Registered No. 13-52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3523 Hickory Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Francis L. Loveless

(a) Residence: No. 3523 Hickory Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10-1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	17	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... Lucas Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Allen B. Loveless

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabelle M. Alexander

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Isabelle M. Loveless

(Address) 3523 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug. 19. 1932

19. UNDERTAKER Horace F. Burgee

(Address) 3621 Gelwood Huntington Hilltop 4477

20. FILED 1 21 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1932 to Aug 16, 1932

I last saw h[illegible] alive on Aug. 16 1932 Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Aug. 16
Cardiac Dilatation	

Other contributory causes of importance:

Myocarditis
Cardiac - Nephritis Decompensation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, [illegible]

(Signed) J. P. Munch, M. D.

(Address) 4037 Falls Rd.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82186

E 82186

CERTIFICATE OF DEATH

REGISTERED NO. 203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Collins Robey

(a) RESIDENCE NO. 1303 Weldon Ave. ST., 13 WARD

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter Apprentice
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer M. A. Long Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Harry T. Robey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Leorra Mary Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

PARENTS

14 Informant Harry T. Robey

(Address) 1303 Weldon Ave.

15 Filed ..., 192... Registrar

1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing injury to head & jaws. Accidental death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Shock. (over)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Stewart & Co.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M D. Coroner

8/18, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Aug. 20 1932

20 UNDERTAKER Horace F. Burger

ADDRESS 3631 Falls Road

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

82187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82187

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N Stricker ST. 19-27 WARD)

2-FULL NAME George Carroll

(a) RESIDENCE NO. 306 N Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Lucille Carroll

6 DATE OF BIRTH (month, day, and year) April ? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Penitentiary Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Whalen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Lucille Carroll 306 N Stricker St

15 Filed 1932, 19 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to Aug 16, 1932

that I last saw h[illegible] alive on Aug 16, 1932

and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Woodall M. D.

, 19 (Address) 306 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 8/19/32

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1168 Druid Hill

M. D. B. 1268-9

E 82188

82188 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Orleans St. 6-4 Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Gatto

(a) Residence: No. 1927 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dysaar

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris Bagaroff

14. BIRTHPLACE (city or town) (State or country) R.

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Sallie Sarr

(Address) 1927 Orleans

18. BURIAL, CREMATION, OR REMOVAL 8/19/32

North Pt + Grand Hill Date , 19

19. UNDERTAKER Lock Lewis & Co

(Address) 1139 E. Fayette St

20. FILED AUG 19 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-18-, 1932

22. I HEREBY CERTIFY, That I attended deceased from June-10-, 1932 to Aug-18-, 1932

I last saw her alive on Aug-18, 1932 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	4/15/32

Other contributory causes of importance:

none

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82189

E 82189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-R209 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Levin

(a) Residence: No. 826 Brooks Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Levin

6. DATE OF BIRTH (month, day, year) 5-16-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Brasner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Levin
(Address) 826 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 8-19-32 19

19. UNDERTAKER Last Levin & Son
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932 to Aug. 17, 1932

I last saw her alive on Aug. 17, 1932 Death is said to have occurred on the date stated above, at 5.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Aug. 1, 1932
Other contributory causes of importance: Fibroid Uterus	
Pelvic abscess.	July

Name of operation Salpingo-oophorectomy Appendectomy Date of July 22, 1932

What test confirmed diagnosis? Surg. Cond. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 82190

82190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 31 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 W Fayette ST. 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Kramer

(a) RESIDENCE NO. 1710 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Frank W Kramer

6 DATE OF BIRTH (month, day, and year): Oct 2 1860

7 AGE: Years 71 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Clement Troeger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Adelhaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Harry J Kramer

(Address): 1710 W Fayette

15 Filed Aug 20 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from 4/25, 1931 to 8/17, 1932 that I last saw h[illegible] alive on 8/16, 1932 and that death occurred, on the date stated above, at 2:20 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, chronic interstitial nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Thos. E. Stacy, Jr. M. D.

, 19 (Address) 401 Fulmuth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 8/20/32

20 UNDERTAKER: Fengel & Farley Linton

ADDRESS: Fayette

1 1932

82191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82191

CERTIFICATE OF DEATH

Registered No. 21-44 45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Muth

(a) Residence: No. 4605 Mainfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. Muth

6. DATE OF BIRTH (month, day, year) Jan. 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano

10. Date deceased last worked at this occupation (month and year) 4 yrs. ago

11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth M. Muth
(Address) 4605 Mainfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug 20 1932

19. UNDERTAKER Fred. Lauzahn & Son
(Address) 7401 Belair Rd.

20. FILED Aug 20 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1932 to Aug. 18, 1932

I last saw h alive on Aug. 9, 1932 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 3 Days

Other contributory causes of importance: Carcinoma of Throat

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Feuk Coroner, M. D.

(Address)

1-30—M. & T.—100 B—50L

E 82192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82192

186-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4831 Bel Air Rd (ST.) 26-41 (WARD)

2-FULL NAME Annie Katherine Brantigam

(a) RESIDENCE NO. 4831 Bel Air Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 62 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Brantigam

6 DATE OF BIRTH (month, day, and year) March-27-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	76	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Harry Herman (daughter)

(Address) 855 Hamilton Terrace

15 Filed AUG 19 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident

Internal injuries

Broncal Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell down steps (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Ale Lynch, M. D. Coroner

Aug 18 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Lutheran Cem. DATE OF BURIAL: Aug 19 1932

20 UNDERTAKER: Stewart & Co ADDRESS: 108 W North

E 82193 Co.—1000 Bks.

E 82193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82193

131

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1325 Whetcoal ST. 15 WARD

2-FULL NAME Lewis Major (Real name Lewis West. Enlisted Army under married name Major)

(a) RESIDENCE. NO. 1325 Whetcoal ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Julia Major

6 DATE OF BIRTH (month, day, and year) Nov 10 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	+ 81	2	7 +	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ex-Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va

PARENTS

10 NAME OF FATHER Peter West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co Va.

12 MAIDEN NAME OF MOTHER Alice Kellum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co. Va

14 Informant (Address) Julia Major 1325 Whetcoal

15 Filed . 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17 1932

17 I HEREBY CERTIFY, That I attended deceased from August 4 . 1932 . to August 17 . 1932 that I last saw h[er] alive on August 17 . 1932 . and that death occurred, on the date stated above, at 5-48 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic (Coma) 2 + (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1630 Preston Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine & Physical

(Signed) Wm. N. Wright M. D.

8/18. 1932 (Address) 120 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Aug 20 1932
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Preston St

TION is very important. See instructions on back of certificates.

AUG 1 - 19

M. D. B. 1268-9

82194 / E 82194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Gyn. V 54-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-22 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Dent

(a) Residence: No. 1337 Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced (oc) WIFE of Walter

6. DATE OF BIRTH (month, day, year) ? 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Randolph Combas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Washington

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 19, 1932

19. UNDERTAKER Thomas E. Kalan
(Address) 1303 Presstman St

20. FILED Aug 19 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932 to Aug 15, 1932

I last saw her alive on Aug 15, 1932 Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myomata Uteri - death occuring at beginning of operation. - Apparent sudden cardiac failure	one
Obesity.	
Old age.	
Pleural effusion.	

Name of operation Laparotomy. Date of Aug 15

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. B. Hurd M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250M

82195 HEALTH DEPARTMENT—CITY OF BALTIMORE 82195

CERTIFICATE OF DEATH

82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N Kenwood Ave St. 6-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Senkuhler

(a) Residence: No. 111 N Kenwood ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced (write the word)~~
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathias Senkuhler

6. DATE OF BIRTH (month, day, year) Dec 19 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	80	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Francis Koestner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Smith
(Address) 111 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Date Aug 20 1932

19. UNDERTAKER J. J. Hendrick
(Address) 1868 Edgewood ave

20. FILED ... 19... by William ...
(Registrar) (Deputy)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Aug 17, 1932

I last saw h... alive on Aug 16, 1932 death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) 1305 N. Patterson Pk.

Spec.—9-30—A. & Co.—250 Bks.

E 82196

82196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 Argyle av (St.) 14-20 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Middleton

(a) RESIDENCE NO. 1425 Argyle av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. 7 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Middleton

6 DATE OF BIRTH (month, day, and year) Autumn

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt	57	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Common Labor
(b) General nature of Industry, business, or establishment in which employed (or employer) 040
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER Henry Middleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Middleton
(Address) 1425 Argyle av

15 Filed Aug 18 1932 19 — Wilmuth Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1932

17
I HEREBY CERTIFY, That I attended deceased from Aug 13 1932 to aug 16 1932
that I last saw him alive on aug 16 1932
and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Toxemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

(Address) 1012 N. Fayette av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Aug 18, 1932
20 UNDERTAKER Mrs Ida Snowden	ADDRESS 1208 E. Madison St

TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 82197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82197

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 7-13 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Feldman

(a) Residence: No. Helena Ave (Usual place of abode) Essex Md Ward. 35 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of George Feldman

6. DATE OF BIRTH (month, day, year) Sept. 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 ~~65~~	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT George Feldman

(Address) Helena Ave. Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Aug. 20, 1932

19. UNDERTAKER Geo. E. Connelly & Son

(Address) 1731 Mt. Pleasant Ave.

20. Filed Aug 19 1932, Hyatt Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Aug 17, 1932

I last saw her alive on August 16, 1932 Death is said to have occurred on the date stated above, at 4:30 A.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cardiac Insufficiency Chronic Nephritis	6 mos.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82198

93-603

CERTIFICATE OF DEATH

REGISTERED NO. 16-2

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 S. East Ave. ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John L. Brooks

(a) RESIDENCE NO. 337 S. East Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna M. Brooks

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Capper

(b) General nature of industry, business, or establishment in which employed (or employer) Can Co

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Unk.

11 BIRTHPLACE OF FATHER (city or town) Unk. (State or country)

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) Unk. (State or country)

14 Informant Dorothy L. Brooks

(Address) 337 S. East Ave.

15 Filed AUG 1 1932 Huntington Wilkerson, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to Aug 17, 1932, that I last saw h[im] alive on Aug 9, 1932, and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Hypertrophic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. White, M. D.

8/17, 1932 (Address) Essex, Md.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int. Carmel Cem.

DATE OF BURIAL Aug 19 1932

20 UNDERTAKER Thos. G. Connelly

ADDRESS Essex

E 82199

Form 608-15—H. P. Co.—1000 Blks.

E 82199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1732 N. Carey St. 15-21 (WARD)

2-FULL NAME Georgianna Holt.

(a) RESIDENCE. No. 1732 N. Carey ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Holt.

6 DATE OF BIRTH (month, day, and year) June 1-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	+ 64	2	16 +	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Housework.
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Charles Co Md

PARENTS

10 NAME OF FATHER: George Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles Co Md

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles Co Md

14 Informant: Alice Clark
(Address) 1732 N. Carey St

15 Filed AUG 19 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932, to Aug 17, 1932, that I last saw her alive on Aug. 15, 1932, and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) yrs. 6? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. A. Wright, M. D.

8/18. 1932 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion — DATE OF BURIAL: 8-20 1932

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS: 224 Schroeder

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82200

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S Fremont St 22-30 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Williams Dyson

(a) Residence: No. 616 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Dyson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Dyson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Burke

(Address) 654 Hall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lin Cemetery Date Aug 17 1932

19. UNDERTAKER Mrs Katie L. Williams

(Address) 1 Fremont St Frederick Williams, MD

20. FILED AUG 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carrie Fillis Coroner, M. D.

(Address) 139 Eastern Ave

1-30 M 100 B—50L

E 82201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82201

95-307

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Plum Alley. ST., 23-31 WARD)

2-FULL NAME Annie Hall.(C)

(a) RESIDENCE No. 1016 Plum Alley. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of William Hall.(C)

6 DATE OF BIRTH (month, day, and year) July 18, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER ----- Dorsey.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Laura. -------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant William Hall.(C) husband.
(Address) 1016 Plum Alley.

15 Filed 1932 . 19 Huntington Wilkinson Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 15, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Steinhardt, M. D. Coroner

8/19/32 19 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calary Cemty

DATE OF BURIAL Aug 19 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W Hamby St

M. D. B. 1268-8

E 82202 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82202

CERTIFICATE OF DEATH

+8V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Boarman ave St. 25-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lowal Gertrude Brazier

(a) Residence: No. 2917 Boarman ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard G Brazier

6. DATE OF BIRTH (month, day, year) March 25, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bristol Conn.

FATHER

13. NAME Patrick J Brazier

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. S.

17. INFORMANT Leonard G Brazier
(Address) 2917 Boarman ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bristol Conn. Date 8/23 1932

19. UNDERTAKER C Vernon Lemmon
(Address) 7611 Park Heights.

20. FILED AUG 19 1932 Huntington Williamsville N.Y.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932 to Aug. 18, 1932
I last saw her alive on Aug. 17, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset Jan 1931

Other contributory causes of importance:
Cachexia and Toxemia with Cardio-Renal involvement

Name of operation no operation performed. Date of ...
What test confirmed diagnosis? Pathologic examination? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) John L Emmons M. D.
(Address) Medical Arts Bldg.

M. D. B. 1268-9

82203 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 82203

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 21-31 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY SAVAGE

(a) Residence: No. 920 Warren St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	BLACK	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME WILLIAM SAVAGE

14. BIRTHPLACE (city or town) (State or country) 920 WARREN ST MD

MOTHER

15. MAIDEN NAME NETTIE GARNER

16. BIRTHPLACE (city or town) (State or country) 920 WARREN ST MD

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Aug 19 ... 19 32

19. UNDERTAKER
(Address)

20. 1932-7206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 Aug 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 . 1932 . to Aug 16 . 1932
I last saw him alive on Aug 16 . 1932 . Death is said to have occurred on the date stated above, at 3-25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	8/15/32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Ralph H. Jack. ... M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 82204

HEALTH DEPARTMENT—CITY OF BALTIMORE

263.685

CERTIFICATE OF DEATH

V 54 E 82204

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-9 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Mayo.

(a) Residence: No. 1621 Short Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug - 6 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Mayo

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Aug 19th 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 7207 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 1932 to Aug 17 1932
I last saw her alive on Aug 17 1932 Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W Buckland Jr. M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82205 E 82205

CERTIFICATE OF DEATH

Nov

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Orleans St. St. 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza Jane Parks

(a) Residence: 2004 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. F. Parks

6. DATE OF BIRTH (month, day, year) April 4, 1849.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Samuel J. Landon

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Charles Parks
(Address) 2004 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Princess Anne Md. Date Aug. 21, 1932

19. UNDERTAKER [illegible]
(Address) Princess Anne, Md.

20. FILED Aug 21 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 19 32 to Aug 19 19 32
I last saw her alive on Aug 17 19 32 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal carcinoma with femoral metastasis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Mary J. Taylor M. D.

(Address) 200 E. Eutaw St

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82206 CERTIFICATE OF DEATH E 82206

Registered No. 122

1. PLACE OF DEATH St. Joseph's Hosp. 4-4-10
CITY OF BALTIMORE: (No. ~~2776 The Alameda~~ Boulevard St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia I. Reisler

(a) Residence: No. 2776 The Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Murray Reisler

6. DATE OF BIRTH (month, day, year) August 14th. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	———	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H. Utz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Keller

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Francis Reisler
(Address) 2776 The Alameda Boulevard,

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Aug. 22 1932

19. UNDERTAKER Chas. U. Grand & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED Aug 22 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Acute Intestinal Obstruction		
Acute Myocarditis		
Failure		

Other contributory causes of importance:

Name of operation Resection Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Smith M. D.
Coroner

(Address)

M. D. B. 1268-9

E 82207 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-34 Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Downs

(a) Residence: No. Linthicum Heights, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15. 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schools A.A. Co. Md
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME George W. Downs
14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Annie J. Weber
16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT John W. Downs.
(Address) Linthicum Heights A.A.Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship, A.A.Co. Date Aug 20, 1932

19. UNDERTAKER John O. Middleton Sons
(Address) 1918 Eutaw Place

FILED 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1932 to 8-18, 1932

I last saw her alive on 8-18, 1932 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Staphlococcus Bacteremia	
Other contributory causes of importance: Hemolytic Staphlococcus Pharyngitis	

Name of operation ... Date of ...

What test confirmed diagnosis? Bl Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milford A Spreecher M. D.
(Address) University Hospital

AaCo. 5-11 250M

B 82208

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82208

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-11 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Kelly

(a) Residence: No. Preston & Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22nd 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Skelly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie McDonald

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Wolfe Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 20, 1932

19. UNDERTAKER Fitz Medtfield
(Address) 714 Lexington Bldg

20. FILED 1932 Huntington Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to Aug 17, 1932. I last saw her alive on Aug 17, 1932. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Arterio Sclerosis	?
Asthenia	Past

Name of operation None Date of None

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Clarke, M. D.

(Address) 114 Hanover

OCCUPATION IS VERY important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

B 82209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 82209

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 W. Mulberry ST. 4-25 WARD

2-FULL NAME Wm Victor Horn

(a) RESIDENCE NO 208 W. Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27th 1932

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER Emma EcKart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Henry Horn

(Address) 208 W. Mulberry St

15 Filed Aug 20 1932, 192 Huntington Williams, Registrar

RFH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Kelly, M. D. Coroner

8/18, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL Aug 20th 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 82210 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82210

CERTIFICATE OF DEATH.

93-003 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 Chestnut Hill Ave St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Clubb Gutmans

(a) Residence No. 500 Chestnut Hill Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single,~~ ~~Married~~ Widowed, ~~or Divorced~~, (Write the word) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. Gutmans

6-DATE OF BIRTH (month, day and year) 29 March 1852

7-AGE. 80 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm. Clubb.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany.

12-NAME OF MOTHER. Harriet Bunce Elizabeth Clubb

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). England

14- (Informant)..... Daughter

(Address). 500 Chestnut Hill Ave

15- Filed Aug 1 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 17-1932

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2 1932 to Aug 17 1932.

that I last saw her alive on Aug 17 1932

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Myocarditis

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

Cerebral (Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Wm. L. Costello M.D.

19 (Address) 335 E. 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Aug 20th 1932

20-UNDERTAKER. Wm Cook 1217

ADDRESS St Paul St

Instructions on back of certificates.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82211 — CERTIFICATE OF DEATH — E 82211

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 Homestead St., 9-46 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Onion

(a) Residence: No. 1434 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella S. Onion

6. DATE OF BIRTH (month, day, year) Sept. 18, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME James H. Onion

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine C. Brooks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ella S. Onion

(Address) 1434 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 20, 1932,

19. UNDERTAKER Wm. E. Black

(Address) 927 N. Broadway

20. FILED ... 19 ... Registrar.

Huntington Williams, M.D.

I. B. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1931 to Aug 17, 1932

I last saw him alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. myocarditis	1 yr.
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 1201 Orchard St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

82212

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 82212

CERTIFICATE OF DEATH

1. PLACE OF DEATH 422 N. Milton Ave. 6-10

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Catherine North.

(a) Residence: No. 422 N. Milton Ave, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced, HUSBAND of ~~WIFE of~~ John A. North.

6. DATE OF BIRTH (month, day, year) May 22 1878.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54.	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Josiah Warner Fuller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Maria V. Cook.

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT (Address) John A North. 422 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Bal't. Date Aug 22. 1932

19. UNDERTAKER (Address) Mrs. Albert E. Fuller 1106 Harford Road

20. FILED AUG 23 1932 Huntington, West Virginia, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18. 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1931. 19.. to Aug 18. 1932

I last saw h e alive on Aug. 1st. 1932. Death is said to have occurred on the date stated above, at 4 00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	
Other **contributory causes** of importance:	
Anemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) G. B. Lund, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

E 82213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82213

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wade Hinebaugh

(a) Residence: No. Oakland, Md. St., ... Ward. Oakland Garrett Co. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Savilla Hinebaugh

6. DATE OF BIRTH (month, day, year) May 23rd 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Hinebaugh

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Glotfelty

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT W. M. Hinebaugh Barton Md
(Address) 4903 Litchfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Md Date 8/22/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St Huntington Williams N.Y.

20. FILED 8/20/1932 19..... H. E. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29th 1932 to Aug. 20th 1932

I last saw him alive on Aug. 20th 1932. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Empyema Rt. Chest	7-23-32

Other contributory causes of importance:

Name of operation Thoracotomy Date of Operation 7-30-32

What test confirmed diagnosis ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Milford H Speicher M. D.

(Address) Univ. Hospital.

MAKE ENTRIES IN BLACK INK. USE CAPITAL LETTERS. FOR DISTRIBUTION OF COPIES SEE BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82214

CERTIFICATE OF DEATH

B 82214

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Durst St. 24th Ward) 23

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Evelyn White

(a) Residence: No. 1231 Durst St. (Usual place of abode) 24th Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of William J. White

6. DATE OF BIRTH (month, day, year) Dec 24, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William E. Thomas.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Kirkwood

16. BIRTHPLACE (city or town) (State or country) Mt. Airy Md.

17. INFORMANT Ethel Calvert.

(Address) 1215 Durst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 22 1932

19. UNDERTAKER W. M. Cook

(Address) 1219 E. Fayette St

20. FILED Aug 22 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932 to August 19, 1932

I last saw her alive on August 14, 1932 Death is said to have occurred on the date stated above, at 1245 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	1926

Other contributory causes of importance:

Arthritis	1926

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St.

M. D. R. 1268-9

E 82215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 82215

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Preston St. 8-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget Gunn

(a) Residence: No. 2009 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Gunn

6. DATE OF BIRTH (month, day, year) Oct. 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mullroe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT May Gunn
(Address) 2009 E Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 22, 1932

19. UNDERTAKER Geo M Smith & Son
(Address) 811 W Lexington St

20. FILED AUG 20 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to Aug. 18, 1932
I last saw her alive on Aug 18, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1909
Chronic Interstitial Nephritis	1929
Other contributory causes of importance:	
Cerebral Hemorrhage	8/7/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward L. Singewald Jr. M. D.

(Address) 1643 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

82216

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 B 82216

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 513 N. Gilmor ST. 19-27 WARD)

2-FULL NAME Mary Ruth Smith Washington

(a) RESIDENCE NO. 513 N. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 39 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Marr

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5. 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS
10 NAME OF FATHER Saml B. Smith
11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)
12 MAIDEN NAME OF MOTHER Rosie Robinson
13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Bertha Commodore
(Address) 513 N. Gilmor St

15 Filed 2 1932, 19 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1932 to Aug 18, 1932
that I last saw her alive on Aug 18, 1932
and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonaly

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? regular

(Signed) W S Rowles M. D.
8/19 1932 (Address) 601 N Eutaw City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 22 1932

20 UNDERTAKER Sam'l W. Blase & Son — ADDRESS 638 N. Gilmor

M. D. B. 1268-9

B 82217

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82217

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-16 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Broadnax

1a) Residence: No. 514 Stockton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Woodnax

6. DATE OF BIRTH (month, day, year) May 29 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynchburg Va (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Annie E Fuller

(Address) 1304 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 20 1932

19. UNDERTAKER Wm. M. Chase & Son

(Address) 638 N. Gilmor St

20. FILED Aug 20 1932 Huntington Wm. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 6:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B Young M D ... M. D.

Coroner

(Address) 1305 E Fayette St

1-30—M. & T.—100 B—50L

B 82218

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82218

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Henry

(a) RESIDENCE NO Guenmoy, Marley Creek, WARD A. A. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Marley Creek
(State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Herbert Henry

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) D. C.

12 MAIDEN NAME OF MOTHER Mildred B. George

13 BIRTHPLACE OF MOTHER (city or town) A. A. Co.
(State or country) Maryland

14 Informant Herbert Henry
(Address) Marley Creek, Md.

15 Filed ... 192 ... Registrar

AUG 20 1932 Huntington Williams M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Malformation & Hydrocephalus

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ... Coroner M. D.

..., 19 ... (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Aug 20 1932

20 UNDERTAKER Bernard Funk

ADDRESS 784 Washington Blvd

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 82219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82219

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE (No. 3511 Newland Ave. St.) 12-49 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Emma Frederick

(a) Residence No. 3511 Newland Avenue St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-If married, widowed, ~~divorced~~: Widowed (Write the word.)

5a-If married, widowed, ~~divorced~~ HUSBAND of (or) WIFE of: Anthony Frederick

6-DATE OF BIRTH (month, day and year): June 1867

7-AGE: 65 yrs. 1 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): City

PARENTS.

10-NAME OF FATHER: Anthony Hocking

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Cornwall

12-MAIDEN NAME OF MOTHER: Katherine Hymill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Cornwall

14-(Informant) Mrs. Edw. J. Hannan

(Address) 3511 Newland Ave

15-Filed ..... 19 ..... Huntington Williams, M.D. Registrar.

201932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): August 18, 1932

I HEREBY CERTIFY, That I attended deceased from July 26 1932 to August 18 1932

That I last saw h.. alive on August 18 1932

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypernephroma: Carcinoma of Breast (Duration) 2 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John D. Lamman M. D.

19 (Address) 4704 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 8/22/, 1932

20-UNDERTAKER: J. J. Moran — ADDRESS 3000 Bank

instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82220 B 82220

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Fulton Ave 15-21 Ward)

Length of residence in city or town where death occurred 17 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Gray

(a) Residence: No. 1603 N. Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard H. Gray

14. BIRTHPLACE (city or town) (State or country) Was D.C.

MOTHER

15. MAIDEN NAME Harriet P. Hunt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Ethel Gray
(Address) 1603 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Aug. 22. 1932

19. UNDERTAKER Harry W. Eblen
(Address) 1944 W. Baltimore

20. FILED 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 32 ... 19 ... to Aug 19 32 19...

I last saw her alive on Aug 18 32 Death is said to have occurred on the date stated above, at 5-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.
Cardiac Asthenia	11 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) H. C. Hunt M. D.

(Address) 1603 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82221 B 82221

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 13 Ward)

Length of residence in city or town where death occurred ... yr. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Constance Katajzak

(a) Residence: No. 2325 Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 18 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cleveland O.

FATHER

13. NAME Joseph Katajzak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Sobczynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Katajzak
(Address) 2325 Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date August 20, 1932

19. UNDERTAKER George A. Weber
(Address) 765 S. Conkling St Baltimore, Md.

20. FILED 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1932, to August 17, 1932

I last saw h[illegible] alive on August 16, 1932 death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	2

Other contributory causes of importance:

Cerebral Hemorrhage	Aug
Acute Nephritis	
Paralytic Ileus	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) Lyndenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82222 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82222

CERTIFICATE OF DEATH

Registered No. 27-57-97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eunice Ceska

(a) Residence: No. 4956 Edgemere Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 28-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles J Ceska

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rose Shurr

16. BIRTHPLACE (city or town) (State or country) Lyndon Va

17. INFORMANT Mrs. Charles Ceska

(Address) 4956 Edgemere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cem. 25. 1932

19. UNDERTAKER Frank C Rock Sons

(Address) 1906 Eastern Ave

20. [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/32

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to August 19, 1932.

I last saw her alive on August 19, 1932. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart.	
Rheumatic Heart Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) A R. Cohen M. D.

(Address) Sinai Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82223

CERTIFICATE OF DEATH

82223

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Chesley ave St.) 27-42 Ward

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Banerle

(a) Residence: No. 3806 Chesley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Banerle

6. DATE OF BIRTH (month, day, year) Nov. 19th 1842

7. AGE: Years 89 | Months 9 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Essingen Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George L. Banerle

(Address) 3806 Chesley ave, Cre-lea

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 22, 1932

19. UNDERTAKER Frederick Funeral Home

(Address) 240 Blair Road Silver Spring, Md.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1932 to Aug 18 1932

I last saw him alive on Aug 5 1932 to have occurred on the date stated above, at 3:30 p.m. Death is said

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia — Date of onset Aug 5 32

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Arlington Ave

M. D. B. 1268-0

E 82224 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 - E 82224

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 10-14 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miles M. Walsh Jr.

(a) Residence: No 1728 Linwith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/15/1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pottsville Pa

FATHER

13. NAME Miles Walsh Jr

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Frances Holder

16. BIRTHPLACE (city or town) (State or country) Pottsville Penna

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemy Date Aug 22 1932

19. UNDERTAKER Henry Koerper Sons Inc
(Address) 1301 E Eager St

20. FILED AUG 25 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1932 to 8-18 1932

I last saw him alive on 8-18 1932 Death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of left arm	Unknown
Other contributory causes of importance:	
Bronchopneumonia	8-15-32

Name of operation None Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-19-32 (Signed) Elmer Hitzberger M. D.

(Address) Balto. City Hospitals

Spec.—1-12-23—M&T—500 Blks.

E 82225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82225

CERTIFICATE OF DEATH.

23 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1926 Ramsay ST. 20-28 WARD 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George C. Lang

(a) RESIDENCE NO. 1926 Ramsay ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie Lang

6 DATE OF BIRTH (month, day, and year) June 1, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	41	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Teiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bart Miller

(Address) 1926 Ramsay St

15 Filed AUG 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19th 1932

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1932, to Aug 19, 1932, that I last saw h alive on Aug 18, 1932, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Toxaemia of Pernicio Anaemia

(duration) yrs, mos 1 ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly, M. D.

7/19, 1932 (Address) 2007 Mt Vernon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL Aug 22 1932

20 UNDERTAKER Charles W Gill

ADDRESS 3109 Gadsby Ave.

FROM IS very important. See instructions on back of certificates.

M. D. B. 1268-9

82226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82226

Registered No. 15-61 9rt-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Forest Park Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Rosenheim

(a) Residence: No. 3504 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sol Rosenheim

6. DATE OF BIRTH (month, day, year) Oct. 31, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME William Jacobi

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ---------- Wyman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sol Rosenheim
(Address) 3504 Forest Park Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Heb. Friendship Date Aug. 21, 1932

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 8-20-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932 to Aug 18 1932

I last saw her alive on Aug 17 1932 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Sclerosis.	1930
Coronary Thrombosis	Aug 17

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. C. Smink M. D.

(Address) 4509 Liberty Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V E 82227

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave. St. [illegible])

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Thomas

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME [redacted] Unknown

14. BIRTHPLACE (city or town) (State or country) Do

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Do

17. INFORMANT City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Aug 20, 19..

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-14-, 1932 to 8-15, 1932

I last saw her alive on 8-15, 1932 Death is said to have occurred on the date stated above, at 7:07 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	
Uhemic	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 82228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82228

CERTIFICATE OF DEATH.

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital Ward) 26-37

2-FULL NAME Charles Wm Jones

(a) RESIDENCE NO. 823 Dundalk Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Jones

6 DATE OF BIRTH (month, day, and year) Feb 6, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Continental Can

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Henry Jones

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Christian Blodgood

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Kate Jones

(Address) 1944 Eastern Ave

15 Filed Huntington Williams, Registrar

1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage from Gunshot Wound Self Inflicted

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 (Address) 305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial 8/22/32

20 UNDERTAKER Louis Niemann ADDRESS 32 S Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82229

CERTIFICATE OF DEATH

E 82229

X V 139-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby G. Hancock

(a) Residence: No. Trinity Mill Road St., Ward. Raspeburg, Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Charles L. Hancock

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Lillie T. Butler

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Aug. 22, 1932

19. UNDERTAKER John J. Henny (Address) 715 Light St

20. FILED 8-20-1932 Huntington Willgus M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1932 to 8/18, 1932

I last saw h... alive on 8/18, 1932. Death is said to have occurred on the date stated above, at 6:12 P.m.

The principal cause of death and related causes of importance were as follows:

Pelvic abscess with spreading peritonitis — Date of onset 7/29/32

Other contributory causes of importance:

Myocardial failure — 8/1/32

Name of operation Bilat. Salpingectomy Date of 8/13/32

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, (specify) ...

(Signed) ... M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82230

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp. St. 14-20 Ward)
CITY OF BALTIMORE, (No.
Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Talbott.

(a) Residence: No. Harristown Balto Co. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9-1931

7. AGE Years | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed at this occupation

12. BIRTHPLACE (city or town) Harristown Md
(State or country)

FATHER

13. NAME Levi Talbott

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Ida Brooks

16. BIRTHPLACE (city or town) Balto Co.
(State or country)

17. INFORMANT Ida Brooks
(Address) Harristown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Harristown Date Aug 24 1932

19. UNDERTAKER A. Dallmus Industrial
(Address) Balto Co. Md

20. FILED Aug 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis 3 Days

Other contributory causes of importance:

Date of onset

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner
(Address)

Spec.—9 30—A. & Co.—250 Bks.

82231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82231

CERTIFICATE OF DEATH.

97V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 719 Mc Cabe Ave ST. 27-H WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Fahey

(a) RESIDENCE NO. 719 Mc Cabe Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Fahey

6 DATE OF BIRTH (month, day, and year) Feb 12, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 073

(b) General nature of industry, business, or establishment in which employed (or employer) Conductor RR.

(c) Name of employer Penna RR

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John J Fahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Rhine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Anna B. Fahey
(Address) 719 Mc Cabe Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19 31 to Aug 19 19 32

that I last saw h.. alive on 19 19 32

and that death occurred, on the date stated above, at 130 m

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis
Cardiac Insufficiency
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Failure of Cardiac Hypertrophy
(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? 7

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Cohen M. D.

19 (Address) 701 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Aug 22 1932

20 UNDERTAKER Wm Cook 1217 — ADDRESS St Paul

AUG 22 1932 Hearing for Informant

TION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82232 E/82232

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital, 4-30 59

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Medford,

(a) Residence: No. Greenbelt, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Medford.

6. DATE OF BIRTH (month, day, year) Aug. 21, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 ~~55~~	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME (Unknown) Bradley

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Franklin P. Medford

(Address) Greenbelt, Md.

18. BURIAL, CREMATION, OR REMOVAL Kenosha, Wisconsin Date Aug 27 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Aug 20, 1932

I last saw h er alive on Aug 20, 1932. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Staphylococcus)	3 d.
Chronic Nephritis	3
Diabetes Mellitus	3

Other contributory causes of importance:

Cystitis - Pyelitis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice Lewis Chairman M. D.

(Address) .....

M. D. B. 12629

E 82233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82233

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 Eastern Ave St. 2-4 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antoni Kienski

(a) Residence: No. 2028 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josepha Kienska

6. DATE OF BIRTH (month, day, year) do not know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Adam Kienski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Dry. Lukowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josepha Kienska
(Address) 2028 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Aug. 23. 1932

19. UNDERTAKER Prokopowski
(Address) 1490 Eastern Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6 1932 to Aug 19 1932
last saw him alive on Aug. 19 1932 Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Aug 19.
Other contributory causes of importance: Chronic Myocarditis	6wks

Name of operation ... Date of ...

What test confirmed diagnosis? P.S.L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John F. Feerstrom M. D.
(Address) 1802 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100B—50L

B 82234

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82234

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1339 Andre St. (WARD) 24-35

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Godlewski.

(a) RESIDENCE NO. 1339 Andre St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ---------- ds. How long in U. S., if of foreign birth? 27 yrs. ---------- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Joseph Godlewski.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Andrew Oshowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Joseph Godlewski. (husband)

(Address) 1339 Andre St.

15 Filed Aug 21 1932, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach.

Acute dilatation of the Heart.

(duration) ... yrs. ... mos ... da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Aug. 22 1932
UNDERTAKER	ADDRESS
F. W. Bazenski	1936 Eastern

TION is very important See instructions on back of certificates.

M. D. H. 1368-9

Flomanboum

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82235 B 82235

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1003 E. Fayette St — Registered No. V 137

CITY OF BALTIMORE: (No.) ... St., 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Flomanboum

(a) Residence: No. 1003 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Bertha

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Carl Flomanboum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Flomanboum

(Address) 2918 Ridgewood ave

18. BURIAL, CREMATION OR REMOVAL. Date Aug 21 . 19 37

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Baltimore St

20. FILED AUG 21 1932 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 . 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1932 to Aug 19 . 1932

I last saw h alive on Aug 19 . 1932 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	3 yrs?
Uremia	2 wks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Austin B Tirosh M. D.

(Address) 1200 Hollins St 21223

M. D. B. 1268-9

E 82236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82236

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 1402 N Caroline St. 6th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 15 yrs. ... mos. ... ds.

2. FULL NAME Mrs Annie Goodman

(a) Residence: No. 2219 E Fairmount St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year)

7. AGE 50 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rena Lerner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Sugar

(Address) 2928 E Balto St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Herring Run Date 8-21, 1932

19. UNDERTAKER Jos Lewis Sons

(Address) 1439 E Balto St

20. FILED ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1932, to Aug 20, 1932

I last saw ... alive on Aug 20, 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intest. obstruction	
Adynamic ileus, following	
Op	

Other contributory causes of importance:

Thrombosis of left fem. vein (?)

S/P fem. thrombectomy - ileus following

Name of operation ... Date of ...

What test confirmed diagnosis? Op Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) K. F. Young, M. D.

(Address) At Hospital

M. D. H. 1268-B

82237 82237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rudolph Warren

(a) Residence: No. 801 Stirling St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	6 19.	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William Warren

14. BIRTHPLACE (city or town) (State or country) N. Ca.

MOTHER

15. MAIDEN NAME Susie Ward

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8/22, 1932

19. UNDERTAKER J. W. Elwood & Son
(Address) 1121 E. Biddle St.

20. FILED AUG 22 1932, 19.. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1932 to Aug. 18, 1932

I last saw him alive on Aug. 15, 1932. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	8/1/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. S. Anderson, M. D.

(Address) Johns Hopkins Hosp.

AUG 22 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82238

E 82238

CERTIFICATE OF DEATH

Registered No. 462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Port St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Jacob Mutt Sr.

(a) Residence: No. 405 N. Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Smith

6. DATE OF BIRTH (month, day, year) May 16, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Mutt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary A. Mutt (Address) 405 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Aug. 23, 1932

19. UNDERTAKER Wm. C. Muller & Son (Address) 2334 Jefferson

20. FILED AUG 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from June 30, 19 to August 20, 1932

I last saw h alive on 8/20/32, 19. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1929

Other contributory causes of importance:

Name of operation Exploratory Date of 9/12/30

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lerner, M. D.

8/20/32 (Address) 22x Medical Arts Bldg

1-20—M. & T.—100 B—50L

E 82239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82239

CERTIFICATE OF DEATH

REGISTERED NO. 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Hull St. ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Staffa.

(a) RESIDENCE NO 1430 Hull St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ds. How long in U. S., if of foreign birth? 30 yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of or WIFE of: Theresa Staffa.

6 DATE OF BIRTH (month, day, and year) July 3, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary.

PARENTS

10 NAME OF FATHER: Caspar Staffa.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary.

12 MAIDEN NAME OF MOTHER: Barbara Schweitzer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary.

14 Informant: Theresa Staffa. (wife)

(Address) 1430 Hull St.

15 Filed. AUG 21 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/20/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A. B.

DATE OF BURIAL: Aug 22 1932

UNDERTAKER: Carlin & Son.

ADDRESS: 700 E. Hoffman

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 82240

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 12-50 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles P. Cadd

(a) Residence: No. 2502 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leona

6. DATE OF BIRTH (month, day, year) About 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 (About)	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept of Health for

10. Date deceased last worked at this occupation (month and year) City of Balto

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME E. Cadd

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Catherine Cadd
(Address) 22 E 24 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Aug 22 1932

19. UNDERTAKER Edward H. Ismert Co
(Address) 108 W. Mont Ave.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1932

22. I HEREBY CERTIFY, That I attended/ deceased from Aug. 17, 1932, to Aug 20, 1932

I last saw him alive on Aug 20, 1932 Death is said to have occurred on the date stated above, at 5 40 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Aug last early 1/8
Bronchial Pneumonia

Other contributory causes of importance:

Diabetes Mellitus
Chronic nephritis
arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Van Arsen, M. D.

(Address) St. Agnes Hos

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82241

CERTIFICATE OF DEATH

13 1v E 82241

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2410 E. Biddle St. (or) (Ward) 8-1 W

Length of residence in city or town where death occurred 1 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella V. McKeown

(a) Residence: No. 2410 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of late Francis McKeown

6. DATE OF BIRTH (month, day, year) Sept 4/52

7. AGE — Years: 79 | Months: 11 | Days: 15 | LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Levin E. Busick

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary L. Doft

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Katie Enwright
(Address) 2410 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem Date 8/22. 1932

19. UNDERTAKER: Philip Herring
(Address) 2016 Orleans St.

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 . 1932 to Aug 19 . 1932 saw her alive on Aug 19 . 1932 Death is said to have occurred on the date stated above, at 3:15 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 19 31
Other contributory causes of importance: Chronic Interstitial Nephritis	Aug 5 31

Name of operation Physical signs Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frederick E Keyes M. D.

(Address) 1301 N Eutaw

M. D. B. 1268-9

E 82242 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82242

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-34 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Kinnard

(a) Residence: No. 943 Druid Hill ave. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Kinnard

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Feb. 23, 1885				
7. AGE	47	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Newberry (State or country) South Carolina

FATHER

13. NAME Jonas Kinnard

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Fannie Busby

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Aug 21 1932
Place Pt. Auburn Cem. Geo. L. Holland

19. UNDERTAKER Jno. Geo. L. Holland Inc.
(Address) 1681 Druid Hill Ave.

20. FILED AUG 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to August 19, 1932. Death is said I last saw him alive on August 19, 1932. to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1931.

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I do hereby specify ..... M. D.

(Signed) Bennett A. Shaw

(Address) Baltimore City Hospitals

Spec.—8-16-29—L. F. S.—100 Bks.

E 82243 HEALTH DEPARTMENT—CITY OF BALTIMORE 92-001 **E 82243**

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1041 N Lanvale ST., 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cordelia Barlowe

(a) RESIDENCE NO. 1041 N Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6 DATE OF BIRTH (month, day, and year) July 21-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisiana

PARENTS

10 NAME OF FATHER Henry Ewell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louisiana

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hattie Washington

(Address) 1041 W. Lanvale St

15 Filed AUG 21 1932 19 Lyle Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20-32

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to Aug 20, 1932, that I last saw her alive on Aug 18, 1932 and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos Woodruff, M. D.

8/20 1932 (Address) 3703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 8/23/1932

20 UNDERTAKER Mrs. Geo. F. Holland — ADDRESS 1631 Druid Hill

A&Co. 5-31 250B

E 82244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82244

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15-56 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hyman

(a) Residence: No. Sinai Hosp St., ... Ward. 3001 Park Heights Ave
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 20, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
Now	1 born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Hyman

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Ray Farber

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Sam Cohen
(Address) 4216 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Hering Date 8, 21, 1932

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED AUG 21 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, 19..., to Aug 21, 1932

I last saw her alive on Aug 21, 1932 death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial hemorrhage of the new born	Aug 20, 1932

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82245 264.034 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82245

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Noel

(a) Residence: No. 2238 Druid Hill Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan-19-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Noel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Aug 22 1932

19. UNDERTAKER Archibald A. Gaddis
(Address) 1808 N. Caroline St.

20. FILED AUG 22 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-20 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-17 1932 to Aug-20 1932

I last saw her alive on Aug. 20 1932 Death is said to have occurred on the date stated above, at 7.02 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, primary of ovary (?)	?
Ascites	June 1932

Other contributory causes of importance:

Name of operation Expl. Laparotomy Date of 8-12-32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. R. Heed M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

82246 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82246

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M Handy Hicks

(a) RESIDENCE NO. 1109 Watson St. St. ..... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Hicks

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 19 — Months: — Days: — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 31

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: .....

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Thomas Handy

11 BIRTHPLACE OF FATHER (City or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town): Catonsville

(State or country) Md

14 Informant: Josephine Hall (sister)

(Address) 1327 Division

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19 19 32

17 I HEREBY CERTIFY, That I attended deceased from 7-24 19 32 to 8-19 19 32

that I last saw h ER alive on 8-19 19 32

and that death occurred, on the date stated above, at 1:50 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 2 Ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry W Lowe M. D.

(Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Aug 22, 19 32

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS 322 N Schroeder St

IMPORTANT. See instructions on back of certificates.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very

AACo. 5-11 250B

82247 HEALTH DEPARTMENT—CITY OF BALTIMORE 82247

CERTIFICATE OF DEATH

V 145-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Williams

(a) Residence: No. 843 Vine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Williams
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Woods
16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Cemetery Date Aug 22, 1932

19. UNDERTAKER The Jake T. Williams Co
(Address) 322 E. Lafayette St.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Aug 19, 1932
I last saw h.e.r alive on Aug 19, 1932, death is said to have occurred on the date stated above, at 6:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	8-14-32
Other contributory causes of importance:	
General Lapsus	8-14-32

Name of operation Laparotrachelotomy Date of Aug 15, 1932
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.
(Address) Univ. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 82248 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82248

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jenkins Memorial Hospital St., 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 20 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Willson

(a) Residence: No. 1424 Mt Royal ave. St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Jan 31 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country) Baltimore

FATHER

13. NAME Joseph E. Willson

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Margt Long

16. BIRTHPLACE (city or town)
(State or country) Baltimore

17. INFORMANT Miss Amelia Barnett
(Address) 1424 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Aug. 23, 1932

19. UNDERTAKER Henry H. Meade Son
(Address) 1501 N. Calvert St

20. FILED AUG 22 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to Aug 21, 1932
I last saw h.. alive on Aug 21, 1932 death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hemiplegia left sided with decomposition	
Bronchial Pneumonia	Aug 18

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. A. Van Ormer, M. D.

(Address) St. Agnes Hos

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 82249 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82249

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3061 Stafford St. St. 30-70 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mc Cann

(a) Residence: No. 3061 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Mc Cann

6. DATE OF BIRTH (month, day, year) April 6 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Rl'wy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Andrew Mc Cann

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Esther Earley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mc Cann

(Address) 3061 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Aug 22 1932

19. UNDERTAKER J. Fenn McCully

(Address) 130 E. Fort Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1932 to Aug 19 1932

I last saw him alive on Aug 19 1932. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	1 day

Other contributory causes of importance:

Chronic Nephritis	—
Chronic Cholecystitis	—

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andres E. Calas M. D.

(Address) 24 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82250

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-13 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie Walker

(a) Residence: No. 1812 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 8-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME SCOTT BEARD

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME MARIA BASKERVILLE

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT RECORDS JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Pine Lawn Memorial Cem. Date Aug 22 1932

19. UNDERTAKER Robert F. Williams
(Address) 1515 Pennsylvania Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1932, to Aug. 18, 1932.

I last saw h[illegible] alive on August 18, 1932. Death is said to have occurred on the date stated above, at 11:40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/17/32
Partial intestinal obstruction	8/17/32

Other contributory causes of importance:

Secondary anemia	?
Myomata uteri	?

Name of operation {Hysteromyomectomy, Salpingo-oophorectomy, Appendectomy} Date of 8/15/32

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn Wilson Zeiler M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82251

CERTIFICATE OF DEATH

26386 X 46 V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Reid

(a) Residence: No. Stanley Point Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, year) Oct 9 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Henry Reid

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary Emmons

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL
Place Shelby N C Date 8/22/32

19. UNDERTAKER Joseph Ahrens
(Address) 721 N Bway

20. FILED ... 19.. by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932 to Aug 21, 1932

I last saw him alive on Aug 21, 1932 Death is said to have occurred on the date stated above, at 4:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinosis of liver	1932
Other contributory causes of importance: Esophageal varices Hemorrhage	Aug. 1932

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. D. Adams M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82252

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy Thornton

(a) Residence: No. Stet. Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada Edna Thornton

6. DATE OF BIRTH (month, day, year) Feb. 13, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Live Stock Yd.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Marcus Thornton

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Carrie Hardy

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Clyde Thornton
(Address) Stet Maryland

18. BURIAL, CREMATION, OR REMOVAL Highland Cem Date 8-24-1932

19. UNDERTAKER Harlan & Smd Wm. S Bailey
(Address) Darlington Md.

20. FILED 8-24-1932 Hunter Wilcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 , to , 19
I last saw h alive on injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	8/21/32
Other contributory causes of importance: Automobile Accident	8/21/32

Name of operation Nothing. Decompression Date of 8/21/32

What test confirmed diagnosis? none. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 21, 1932

Where did injury occur? Arid Hill on Old St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto accident

Manner of injury Two autos collided at Arid Hill on Old St

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edgar Thorpe M. D. Coroner

(Address) 1206 E Madison St

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82253 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82253

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 W. North Ave) 5-68 (Ward) V 169

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Irene Bramble

(a) Residence: No. 2118 W. North ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married.

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Brenton W. Bramble

6. DATE OF BIRTH (month, day, year) Nov. 22, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David B. Hosler

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Elizabeth Free

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Brenton W. Bramble

(Address) 2118 W. North ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 23, 1932

19. UNDERTAKER (Con Thickens Sons)

(Address) North & Pagues

Date Filed AUG 23 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 - 32

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Accidental Skull Fractured Sudden

Other contributory causes of importance

Jumped out of 3rd Story window

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Aug 19, 1932

Where did injury occur? 2118 W. North ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Kruk M. D. Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 82254 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82254

CERTIFICATE OF DEATH

V 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp No. 01 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Bresnick

(a) Residence: No. 3401 Mueller St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph C. Bresnick

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Florence Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Jos Bresnick
(Address) 3401 Mueller St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 22 1932

19. UNDERTAKER Sally & Zeiler Inc.
(Address) 405 So Wolfe St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932 to Aug 20, 1932

I last saw h.im alive on Aug 20, 1932 death is said to have occurred on the date stated above, at 9 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore Throat	?

Other contributory causes of importance:

Bronchopneumonia	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Myron G. Tull, M. D.
(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82255

2.64010

24 v

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doyal L. Keyes.

(a) Residence: No. 1911 Eastern Ave St., 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 6-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	~~X~~ 11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herbert Keyes

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elizabeth Rehmeuelle

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Rosenda

(Address) 1911 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem. Date Aug. 22 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Broadway

20. FILED Aug 22 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1932, to Aug 19, 1932

I last saw h alive on Aug. 19, 1932. Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Buckford Jr. M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82256

CERTIFICATE OF DEATH

V 97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Fleet St. St. 1-1 Ward)

Length of residence in city or town where death occurred 55yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Harman.

(a) Residence: No. 2217 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Harman.

6. DATE OF BIRTH (month, day, year) Dec. 25th 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Charles Harman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Wittig.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Harman (Son)
(Address) 2217 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 23. 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20th/32

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Aug. 20 1932
I last saw her alive on Aug 19, 1932 Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4 years
General senile debility	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) George D. Liston, M. D.

(Address) 432 S. Patterson Park

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82257 E 82257

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp (St., 26-39 Ward)

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Casper Lawrence Kremer

(a) Residence: No. 3512-C. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/1/1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Henry Kremer

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Goetz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry Kramer
(Address) 3512 E. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart, Aug. 25 32

19. UNDERTAKER Lilly & Weber Inc.
(Address) 405 S. Wolfe St City

20. FILED ... 19.. ...
Registrar.

AUG 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1932 to 8/21, 1932

I last saw him alive on 8/21, 1932 death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease.	—
Uremia	8/IX/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard N. Donohue, M. D.

(Address) Bon Secours Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 82258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82258

V145-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S. Luzerne Ave. St., 1 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Dunnigan.

(a) Residence: No. 620 S. Luzern Ave. St., I Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lawrence K. Dunnigan.

6. DATE OF BIRTH (month, day, year) Oct. 26, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Joseph Haas.
14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Julia Quigley.
16. BIRTHPLACE (city or town) Penna.
(State or country)

17. INFORMANT Lawrence K. Dunnigan.
(Address) 620 S. Luzerne Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Jesus Date Aug. 23, 1932

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 405 S. Wolfe St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/9, 1932 to 8/19, 1932
I last saw her alive on 8/16, 1932 Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy & Parturition	
Puerperal Septicaemia	
Other contributory causes of importance:	
Acute Cardiac dilatation	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) ... M. D.

(Address) 635 S. Conkling

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

82259

HEALTH DEPARTMENT—CITY OF BALTIMORE

82259

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2846 Woodbrook Ave Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Bellos.

(a) Residence: No. 2846 Woodbrook Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tasia Bellos.

6. DATE OF BIRTH (month, day, year) May Nov 24-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece.

FATHER

13. NAME Philip Bellos.

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Harriet Stathekos

16. BIRTHPLACE (city or town) (State or country) Greece.

17. INFORMANT Tasia Bellos.
(Address) 2846 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 8-22-32

19. UNDERTAKER Albert Feehan
(Address) 316 Park Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-11-1932 to 8-18-1932

I last saw h.. alive on 8-18-1932 Death is said to have occurred on the date stated above, at 4:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia.	8 da
Tissue of lungs.	
Acute Nephritis.	6 da
Acute suppression of urine.	3 da
Other contributory causes of importance:	
Uremic convulsions	2 da
probable cerebral	
embolism.	

Name of operation ..... Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) S. Emanuel M. D.

(Address) 1501 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sept. 1932—MET—1500 Bks.

E 82260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82260

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 770 W. Lexington ST. 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Barnholdt

(a) RESIDENCE NO. 770 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848.

7 AGE: Years 84 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Wrightson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frederick Coolens

(Address) 770 W. Lexington St

15 Filed Aug 27 1932, 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1932

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to Aug 20, 1932

that I last saw h alive on Aug 20, 1932

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

1932 (Address) 753 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakdale Cem.

DATE OF BURIAL 8-22 1932

20 UNDERTAKER Dent & Carter

ADDRESS 946 Cathedral

AUG 27 1932

22 22632

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

V161-004

E 82261 HEALTH DEPARTMENT—CITY OF BALTIMORE 82261

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2306 N. Hanford Ave. ST 9-46 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Boy Kilian

(a) RESIDENCE NO. 2306 N. Hanford Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 8-20-32

7 AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Rudolph F. Kilian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Betty F. Amedsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant (Address) Betty Kilian 2306 Hanford ave

15 [illegible] Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20-32

17 I HEREBY CERTIFY, That I attended deceased from 8-20-32 to 8-20-32

That I last saw him alive on 8-20-32

and that death occurred, on the date stated above, at 6 00 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Donald Gullam D. M. D.

8-20 1932 (Address) 2214 Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: Aug. 20 1932

20 UNDERTAKER: August Pasek — ADDRESS: 2406 Ashland ave

AUG 22 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 82262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82262

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH: CITY OF BALTIMORE (No.) Johns Hopkins Hosp. St., 14-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Turner

(a) Residence: No. 307 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Beatrice Turner

6. DATE OF BIRTH (month, day, year): Nov 1873

7. AGE: Years 59 | Months Nov | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Turner

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Eliza Strong

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Morris Turner
(Address): 577 W Pratt

18. BURIAL, CREMATION, OR REMOVAL
Place: St Lukes Cem Date: 8/22/32

19. UNDERTAKER: Mr. Geo. H. Holland
(Address): 1631 Druid Hill Ave

20. FILED: Aug 22 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18 to 32

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... that I saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage and Acute Myocardiac failure

Duration of attack

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H Kirk M. D.
Coroner

(Address) 1211 Park

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 82263 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82263

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3130 Remington Ave St. 13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 1 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M. Ehrhart

(a) Residence: No. 3130 Remington Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Ehrhart

6. DATE OF BIRTH (month, day, year) November 30-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 029

10. Date deceased last worked at this occupation (month, day, year) June 1932

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amanda —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Gertrude Ehrhart

(Address) 3130 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Druid Ridge Cemetery Date Aug. 23. 1932

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Gallis Road

Interment in Williamsville, N.Y.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1932 to Aug 20th, 1932

I last saw him alive on Aug 20th, 1932 death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	
Chronic	
Other contributory causes of importance: Chronic Interstitial Nephritis	10 yrs.

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas H. Cross, M. D.

(Address) 28 W. Saratoga St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82264

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Balto City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-21 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Brooks

(a) Residence: No. 609 ½ Collette St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced BUSBAND of (or WIFE of) Kissi Brooks

6. DATE OF BIRTH (month, day, year) Sept 27 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER FATHER

13. NAME Chas Brooks

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Sally Halton

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date Aug 12, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman Ste

20. FILED AUG 13 1932 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1932 to 8-16, 1932

I last saw him alive on 8-16 1932 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Other contributory causes of importance: Bronchopneumonia	24 hours
Post operative Shock	

Name of operation Prostatectomy Date of 8-13-32

What test confirmed diagnosis? C.T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Wm Bruce Schaffer M. D.
(Address) Balto City Hosps.

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82265

E 82265

CERTIFICATE OF DEATH

1085

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Boetimore Red St., 18-26 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Andrew V Dernetz

(a) Residence: No. 844 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): July 26 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Broom maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Vincent

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Sophie Bielochlawk

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT (Address): Record Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date Aug. 23. 1932

19. UNDERTAKER (Address): Frederick Lazenby Inc 7401 Belair Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1932 to 8-20, 1932

I last saw h[illegible] alive on 8-20, 1932 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	8-17-32
Other contributory causes of importance:	
Leukopenia	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Required Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury — 19—

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

8-21-32 (Signed) Elmer Hitchcock M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82266

CERTIFICATE OF DEATH

Registered No. 178

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4113 Idaho Avenue St. 27-42 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George M. Greensfelder

(a) Residence: No. 4113 Idaho Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Greensfelder

6. DATE OF BIRTH (month, day, year) Dec. 4, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Carl Greensfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret A. Greensfelder

(Address) 4113 Idaho Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Aug 23 1932

19. UNDERTAKER Frederick Lueckenhoff & Son

(Address) 7401 Belair Rd

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance: Fell on gas range cut head and opened flow of gas

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. O. Fisk Coroner, M. D.

(Address) City Hall

Exact statement of MANNER OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH must be stated for every death, even though it be only a statement of the symptoms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82267

E 82267

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 1723

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Davis

(a) Residence: No. 914 Pear st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 8, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Samuel Davis

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Ann Prentic

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Hospital Recores

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lone Grave Date AUG 22 1932

Us. Mem. Cem. Md.

19. UNDERTAKER

(Address) Rev. Wm H Woodall

20. FILED AUG 22 1932 19..... Registrar.

7216

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1931 to August 17, 1932

I last saw him alive on August 17, 1932 Death is said to have occurred on the date stated above, at 7. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	April 1929.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stoner M. D.

(Address) Baltimore City Hospitals

Sec. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82268

CERTIFICATE OF DEATH

231

1. PLACE OF DEATH Baltimore City Hospitals (Th-+ 5-8

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth McEachern

(a) Residence: No. 139 N. Colvin st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME William McEachern

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date AUG 22 1932

19. UNDERTAKER

(Address) ..... P. W. S. McGOGAL.

20. FILED ..... 19..... Registrar.

7218

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1932 to August 17, 1932

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1931.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stacey M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82269

E 82269 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Alexander

(a) Residence: No. Cap. Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dams Asylum Date Aug 29 19 37

19. UNDERTAKER Dept. of Public Health

(Address) 121½ E. Fayette St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 19 37

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Norris M. D.

Coroner

(Address) 1305 N. Fallsway

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1265-9

E 82270

E 82270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave. Ward) 16-37

Length of residence in city where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmund DeBor

(a) Residence: No. Lutherville St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lutherville

6. DATE OF BIRTH (month, day, year) Sept-22-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70.	69	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Christopher

14. BIRTHPLACE (city or town) (State or country) Prospect

MOTHER

15. MAIDEN NAME Catherine Gole

16. BIRTHPLACE (city or town) (State or country) Lutherville Balto. City Hospitals

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johns Hopkins Date AUG 22 1932

19. UNDERTAKER (Address) Wm E Woodall

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931 to Aug 20, 1932

I last saw him alive on Aug 20, 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/19/32
Senility	

Other contributory causes of importance:

Senile Psychosis with Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Henry Stokes Howard M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Levi Fisher

E 82271 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82271

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. 35

CITY OF BALTIMORE: (No. ..... St., 17-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Levi Fisher

(a) Residence: No. 737 Penna ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ethel Fisher

6. DATE OF BIRTH (month, day, year) Feb 13 - 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Fisher

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Clemens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johns Hopkins Date AUG 22 1932, 19

19. UNDERTAKER Commissioner Health.
(Address) 7215

20. FILED AUG 22 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1932, to 8-19, 1932

I last saw him alive on 8-19, 1932 Death is said to have occurred on the date stated above, at 6:38 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Stictures	
Water pat perineum	
Other contributory causes of importance:	
Uremia	8-16-32

Name of operation Supra Pubic Cystotomy Date of 8-16-32

What test confirmed diagnosis? C.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250E

E 82272 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82272

V145-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St. 14-20 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Givens

(a) Residence: No. 3256 Wilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of James Mack

6. DATE OF BIRTH (month, day, year) Dec. 12, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	18	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Aug. 5, 1932

11. Total time (years) spent in this occupation 4yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Givens

14. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

MOTHER

15. MAIDEN NAME Rosa Smith

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

17. INFORMANT Vital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Date Aug 11, 19 32

19. UNDERTAKER Commissioner Health.
(Address) 724 [illegible]

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932, to Aug 11, 1932

I last saw her alive on Aug 11, 1932 death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Peritonitis	8/6/32
Puerperal Infection	
Other contributory causes of importance:	
Pre eclamptic toxemia	8/5/32
Cesarean Section	8/6/32

Name of operation Cesarean Section Date of Aug 6, 1932

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 12 1932

M. D. B. 1268-9

E 82273 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82273

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. V 159

CITY OF BALTIMORE: (No. 23-34 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert Wolf

(a) Residence: No. 5 Font Ave. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Wolf

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ethel J. Ambrose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Date Aug 17. 1932

19. UNDERTAKER Commissioner Health.
(Address) 721 [illegible] Baltimore Md

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 . 1932

22. I HEREBY CERTIFY, That I attended deceased from August 8 . 1932 to Aug. 17 . 1932

I last saw him alive on Aug. 17 . 1932. Death is said to have occurred on the date stated above, at 9. p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7-20-32
Acute meningitis & tuberculosis	8-1-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hosp

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82274

E 82274

53

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary Ward) 30

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs. Rebecca Zetty

(a) Residence: No. 106 W. Conway St., Ward.

(Usual place of abode) 5 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Zetty

6. DATE OF BIRTH (month, day, year) Oct 27, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William J Reed

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Vance

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Self

(Address) Elkton Va

18. BURIAL, CREMATION, OR REMOVAL

Place Elk Run Va Date 8/25 1932

19. UNDERTAKER Lecompton Cook

(Address) 1217 St Paul St

20. FILED .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1932 to Aug. 22 1932

I last saw her alive on Aug 22, 1932 Death is said to have occurred on the date stated above, at 2 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of left groin	1929
Pulmonary edema	8/21/32

Other contributory causes of importance:

Operation for removal of carcinoma

Name of operation Excision of carcinoma Date of 8/20/32

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

E 82275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82275

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. 10 ds.

2. FULL NAME Claude Mills

(a) Residence: No. 59 Melville Rd., St. Ipswich, Ward. England.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... SS Victoria City seaman. (apprentice)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8/32.

11. Total time (years) spent in this occupation 2 1/2 yrs

12. BIRTHPLACE (city or town) (State or country) Ipswich England

FATHER

13. NAME Frederick Mills

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT British Consulate

(Address) Macht Building

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Aug. 23 1932

19. UNDERTAKER Joseph B. Cook's

(Address) 1005 W. Baltimore St.

20. FILED Huntington Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1932, to Aug. 21, 1932

I last saw him alive on Aug. 21, 1932. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	July 1932
Metastatic Abscess	Aug. 1932
Other contributory causes of importance: Broncho-pneumonia	Aug. 18.

Name of operation None Date of —

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Maurice James Brown M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82276

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E. Eutaw St., 9th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Frances Matthews

(a) Residence: No. Stemmers Run Rd. Ward. 40
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Frederick Matthews

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frederick Matthews
(Address) Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 24 1932

19. UNDERTAKER John G. Connelly
(Address) Essex, Md.

20. FILED ... 19 ... Registrar

AUG 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1932 to Aug 20 1932
I last saw her alive on Aug 20 1932. Death is said to have occurred on the date stated above, at 9.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Gen. peritonitis	
due to Pyogenic infection	
Other contributory causes of importance:	
Ruptured gallbladder	

Name of operation none Date of ...

What was confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. F. Young M. D.
(Address) St Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—2-29-28—L. F. S.—500 Bks.

B 82277

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

B 82277

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Covington ST. 24-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Malissa Wyatt.

(a) RESIDENCE NO. 1446 Covington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Wyatt

6 DATE OF BIRTH (month, day, and year) March 16-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset Co (State or country) Md.

PARENTS

10 NAME OF FATHER McCann

11 BIRTHPLACE OF FATHER (city or town) Somerset Co (State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Walker

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co. (State or country) Md

14 Informant Ethel Phillips

(Address) 1446 Covington St.

15 Huntington Williams, M.D.

2 2 1932 R. S. 14 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18-1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Aug 18, 1932, that I last saw her alive on Aug 17, 1932 and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart-

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis Decompens

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Geo F A Simms, M. D.

8/21, 1932 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Somerset Co Md	Aug 24 1932
20 UNDERTAKER Frazier & Klein	ADDRESS 1501 2 Fort Ave

Important. See instructions on back of certificates.

AdCo. 5-31 250B

B 82278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V53 B 82278

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Humphries

(a) Residence: No. Fort Lauderdale, Fla St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Hughes Humphries

6. DATE OF BIRTH (month, day, year) Feb. 6, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) July 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rome
(State or country) Georgia

FATHER

13. NAME William Humphries

14. BIRTHPLACE (city or town)
(State or country) Ga.

MOTHER

15. MAIDEN NAME Sallie Roach

16. BIRTHPLACE (city or town)
(State or country) Ga.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 8/25 19 32

19. UNDERTAKER Harry H Smith & Co
(Address) 410 Edmondson Ave

20. FILED 2-2 1932, 19 H. F. H. Registrar.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1931, 19..., to August 20, 19 32

I last saw h im alive on August 20, 1932 death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, right orbit	Over 3 years
Other contributory causes of importance: Meningitis, caused by epithelioma of right orbit	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [signature], M. D.

(Address) U.S. Marine Hospital, Balto. Md

1-30—M. & T.—100 B—501.

E 82279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82279

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1731 ST. Wilmington Ave WARD 25-72

2-FULL NAME Charles O. Wurzberger

(a) RESIDENCE NO 1731 ST. Wilmington Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Emma Waggner Wurzberger

6 DATE OF BIRTH (month, day, and year) May 17, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Wurzberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Wurzberger

(Address) 513 Nottingham Road

15 Filed Aug 22 1932 Huntington Woods, Md. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Thornwell, M. D. Coroner

8/22 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 8/23/1932

20 UNDERTAKER Harry H. Leitzke ADDRESS 1016 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82280 V/31 E 82280

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1530 N. Washington St. Ward 8-17

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Ranberger

(a) Residence: No. 1530 N. Washington St. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monuchrome

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bernard Ranberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Herring

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Ranberger
(Address) 1530 N Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Aug. 24, 1932
Funeral Home of P. J. Paul & Co
1211 E Fayette St

19. UNDERTAKER
(Address)

20. FILED Aug 25 1932 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to Aug. 21, 1932

I last saw him alive on Aug. 16, 1932 Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	1932.

Other contributory causes of importance:

Acute Cardiac Dilatation	—

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ... 19...

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify No.

(Signed) Sigd. Sittinger, M. D.

(Address) 1304 E. Chase

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

Dr Rupicka 800 N. Patterson Park Ave.

B 82281

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82281

CERTIFICATE OF DEATH

Wolf 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 E. Lanvale St. 816 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Leddon

(a) Residence: No. 2421 E. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of George W. Leddon

6. DATE OF BIRTH (month, day, year) Apr 20th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Thomas E. Tarbox

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Mary E. Sofier

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Annie L. Baker

(Address) 2421 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Aug 23rd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED AUG 22 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Aug 21 1932

I last saw h alive on Aug 20 1932 Death is said to have occurred on the date stated above at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Rheumatic)	two yrs
Other contributory causes of importance:	
Acute Pulmonary Edema	1 da

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Rupicka M. D.

(Address) 800 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82282

HEALTH DEPARTMENT—CITY OF BALTIMORE 82282

CERTIFICATE OF DEATH

V 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-37 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Dimick

(a) Residence: No. 904 E Baylies St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 17 - 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Johnson Dimick

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mollie Siebert

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm E Dimick

(Address) 904 Baylies

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug 27 1932

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw

20. FILED Aug 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.15 P m

The principal cause of death and related causes of importance were as follows:

Subacute Peritonitis — Date of onset

Other contributory causes of importance:

Chronic Inflammation of Caecum

Name of operation For Resection Date of Aug 21

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) [illegible] M. D.

Coroner

(Address) 1305 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

82283

HEALTH DEPARTMENT—CITY OF BALTIMORE 82283

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 1/2 W Glendale Ave. Ward) 27-43

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget A. Logan

(a) Residence: No. 3 1/2 W Glendale Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Timothy Logan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Fanny Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Veronica Bathedon
(Address) 3 1/2 W Glendale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Fern Cath Cem Date 6/24 1932

19. UNDERTAKER Leonard J. Rooney
(Address) 1305 Walbrook Rd

20. FILED 6-24-1932 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 24 1932
I last saw h.. alive on June 21st 1932 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2

Other contributory causes of importance:

Name of operation Autopsy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph L. Valentine M. D.

(Address) 30 Broadway

OCCUPATION is very important. See instructions on back of certificate. Last statement of occupation should be that at time of death, even if deceased was retired or unemployed.

AaCo. 5-31 250B

E 82284 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82284

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 Vine St. (Ward) 16-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hall

(a) Residence: No. 821 Vine St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 25 min.
				1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Horace Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Ellen

16. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date AUG 22 1932

19. UNDERTAKER Commissioner Health.
(Address) By Wm E Woodall

20. FILED 7222 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Aug 22, 1932

I last saw him alive on Aug 22, 1932, death is said to have occurred on the date stated above, at 1550 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis (Premature Birth)	Aug 22 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

2. OCCUPATION is very important. See instructions on back of certificate. Exact statement of

B 82285

M. D. B. 1932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82285

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Mount St., 15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Robertson

(a) Residence: No. 1531 Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Robertson

6. DATE OF BIRTH (month, day, year) [illegible] 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mary Robertson

(Address) 1531 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 24 1932

19. UNDERTAKER James A Stalfort

(Address) 1142 W Fayette St

20. FILED Aug 25 1932, 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24, 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible] to 8/24, 193[illegible]

I last saw him alive on 8/20, 193[illegible] Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) 2134 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

E 82286 B.R.S.—400 Bks. E 82286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1533 E. Madison St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Nannie Shelton

(a) Residence No. 1533 E. Madison St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Shelton

6-DATE OF BIRTH (month, day and year) Not known

7-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Nurse

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) St. Mary's County
(State or Country). Maryland

PARENTS

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country).

12-MAIDEN NAME OF MOTHER. Nannie Tice

13-BIRTHPLACE OF MOTHER (City or town) St. Mary's County
(State or Country). Maryland

14-
(Informant) Mrs. Henry Shelton
(Address) 1533 E. Madison St.

15-
Filed AUG 2 1932 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-22-1932

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to Aug 22 1932 that I last saw h[illegible] alive on Aug 20 1932 and that death occurred, on the date stated above, at 3:15 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Thomas, M. D

8-22, 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Johnson's Cem. DATE OF BURIAL. 8-24 1932

20-UNDERTAKER. Byron & Manuel Wright ADDRESS 1218 McElderry St

In printing items, so that it may be properly entered. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82287

82287 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., [illegible] Ward)

Length of residence in city or town where death occurred Life (14 yrs) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reba Hirt

(a) Residence: No. 123 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) 9-29 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Hirt
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lillian Jamison
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Timothy Hirt
(Address) 123 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Date Jamison Date Aug 23 1932

19. UNDERTAKER John P. Tigar
(Address) 300 E. Lafayette

20. FILED 1932 Huntington Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932 to Aug 20, 1932
I last saw h[illegible] alive on Aug 20, 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic heart disease	?
Pulmonary Embolism	Aug 20 3

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Webber Young M. D.
(Address) Church Home & Infirmary Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 82288 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82288

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 1136 McKean Ave. St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F. Aftung

(a) Residence No. 1136 McKean Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katie W. Aftung

6-DATE OF BIRTH (month, day and year) Oct 21 1863

7-AGE, 68 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Aftung

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany Baltimore Md

12-MAIDEN NAME OF MOTHER, Elizabeth Grunge

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

14- (Informant) John Aftung

(Address) Edmington P.O. Md

15- Filed AUG 23 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 21, 1932.

17- I HEREBY CERTIFY, That I attended deceased from Aug. 21 1932 to Aug. 21, 1932 that I last saw him alive on Aug. 21, 1932 and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

8/22 1932 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL, Aug 24 1932

20-UNDERTAKER John F Denny

ADDRESS 715 Light St

Instructions on back of certificates.

8pec.—1-30—M. & T.—250 Blks.

E 82289

82289

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 708 N. Carrollton Ave. ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen E. Virgil

(a) RESIDENCE No. 708 N. Carrollton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sam'l A. Virgil

6 DATE OF BIRTH (month, day, and year) Nov 28 - 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress. maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Dickerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Samuel A. Virgil

(Address) 708 N. Carrollton Ave

15 Filed AUG 23 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 - 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1932, to Aug. 22, 1932,

that I last saw h[illegible] alive on Aug. 22, 1932,

and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos 30 mins ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 713 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln

DATE OF BURIAL Aug 24 1932

20 UNDERTAKER Wm. H. Chase & Son

ADDRESS 638 N. Gilmor

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82290 E 82290

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 4-33 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Johnson

(a) Residence: No. 607 Cider Alley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug. 30, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Matilda Fristy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Mt. Auburn Date Aug 23 1932

19. UNDERTAKER Samuel Handley & Bro.
(Address) 478 W. Baltimore St.

20. FILED AUG 23 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1931 to August 21, 1932

I last saw him alive on August 21, 1932 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1930

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Kenneth C. Tracy, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-B

E 82291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82291

CERTIFICATE OF DEATH

264 15 V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Schuster

(a) Residence: No. 2012 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2 3	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mack Schuster

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Kammerow

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date 8-23 1932

19. UNDERTAKER Jack Frank Inc
(Address) 1731 E. Monument St

20. FILED 8-23-1932 Huntington Mahler, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1932 to Aug. 23, 1932

I last saw him alive on Aug. 23, 1932 Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	8.20.32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A. Warfield, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 82292 HEALTH DEPARTMENT—CITY OF BALTIMORE M B 82292

CERTIFICATE OF DEATH

210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 12-50 Ward)

Lifetime

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Gorman

(a) Residence: No. 337 E. 27th. St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Gorman

6. DATE OF BIRTH (month, day, year) Jan. 23rd. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Deven

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Catherine Hayes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward M. Gorman

(Address) 2223 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date August 24th, 1932

19. UNDERTAKER Chas. F. Wannenwetsch & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED ... 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20th. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Concussion of brain	8/20/32
Other contributory causes of importance:	
Struck by automobile	8/20/32

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/20 19...
Where did injury occur? In front of 1603 Eutaw St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident.
Manner of injury Struck by auto while crossing Street
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph Peterson, M. D.
Coroner
(Address) 220 E Madison St

M. D. B. 1268-9

E 82293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82293

V 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 32

CITY OF BALTIMORE: (No. Baltimore, Md St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Talbot

(a) Residence: No. 903 W. 34th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Talbot

6. DATE OF BIRTH (month, day, year) Sept. 21

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bowen

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date 8/27/32

19. UNDERTAKER John F. Mitchell & Sons

(Address) 1300 Eutaw Street

21. FILED AUG 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21-32

22. I HEREBY CERTIFY, That I attended deceased from 8-4-32 to 8-21-32

I last saw h. alive on 8-21-32 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast right — Date of onset sometime about one year ago

Other contributory causes of importance:

Cachexia — 1 yr.

Name of operation Clinical None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-22-32 (Signed) Emmet Highsaw M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82294

E 82294

CERTIFICATE OF DEATH

V186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Maryland Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Glover —

(a) Residence: No. 2119 Maryland Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Glover —

6. DATE OF BIRTH (month, day, year) April 22 - 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME James E Thumlert

14. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER

15. MAIDEN NAME Jane Hepburn

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Harry Glover 2519 Harrison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 25 1932

19. UNDERTAKER (Address) W E Pickerstens Penna Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1932 to Aug 22 1932

I last saw h[illegible] alive on August 22 1932. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following injury to head	8/19/32
O.K. Corner Jr Gonorrhea	
Acute Pulmonary Edema	8/22/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Aug 19, 1932

Where did Injury occur? 2119 Maryland Ave

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place Home

Manner of Injury Fell down steps

Nature of injury Laceration of head & shock

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert L Underhill M. D.

(Address) 2119 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82295 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 E 82295

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Butler

(a) Residence: No. 1927 Brunt st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME King Butler

14. BIRTHPLACE (city or town) (State or country) Camilla Georgia

MOTHER

15. MAIDEN NAME Druella Power

16. BIRTHPLACE (city or town) (State or country) Camilla Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Aug 24, 1932

19. UNDERTAKER Joseph A Lively
(Address) 628 N. Mound Street

20. FILED 8-23-1932 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1932 to August 21, 1932

I last saw him alive on August 21, 1932 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	3 mos
Tuberculous enteritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Maxwell G. Stacy M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 82296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82296

CERTIFICATE OF DEATH.

REGISTERED NO. 32-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard a Kelly Hospital (WARD) 4-20

2-FULL NAME Frederick St. Albert

(a) RESIDENCE NO. Edgewood Arsenal Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Baker

6 DATE OF BIRTH (month, day, and year) Jan. 4. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Edgewood Arsenal Md

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Allen Nicholl Albert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Sarah Ann Faber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Louis Mo.

14 Informant Mrs. Ann Albert Brent (Address) 2617 Eye St N.W. Wash. DC

15 Filed 2 3 1932 Huntington Williams, M.D. Registrar U. S. N.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Sep 10. 1931. to Aug 23. 1932.

that I last saw him alive on Aug 23. 1932

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows: Splenomyeloglenosclerkalemia-

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Vincents angina. (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? don't know.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood & microscopic

(Signed) Theodore Neill Jr. M. D.

8/23. 1932 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. DATE OF BURIAL Aug 23. 1932

20 UNDERTAKER Almus R. Myers ADDRESS Wash. D.C.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82297

CERTIFICATE OF DEATH

59 E 82297 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 E. 35th St. 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Moore

(a) Residence: No. 507 E. 35th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Henry G. Moore

6. DATE OF BIRTH (month, day, year) Nov 18th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Nov 1925

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME C. McCord

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John S. Moore
(Address) 507 E. 35th St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 26th 1932

19. UNDERTAKER Wm Cook
(Address) 217 E Paul St

20. FILED Aug 26 1932 Huntington Williams Registrar.

A. 811

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1932 to Aug 23 1932.

I last saw him alive on Aug 22 1932. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1 yr
Edema Interstitial Nephritis	1 yr
Arterial Hypertension	1 yr
Other contributory causes of importance: Cellulitis.	Boils

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Gilbert Diseker M. D.

(Address) 1975 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 82298 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82298

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Brookfield Ave ST., 54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Flamlacher

(a) RESIDENCE NO. 2022 Brookfield Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married Wid.

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Samuel Flamlacher

6 DATE OF BIRTH (month, day, and year): July 19/1852

7 AGE: Years 80; Months 1; Days 3; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto - Md

PARENTS

10 NAME OF FATHER: Abrahamkomitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. C. Levy

(Address) 2022 Brookfield Ave

15 Filed Jan 23 1932, 19 Huntington Wallace, N.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 2 - 32

17

I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1932, to Aug 22, 1932,

that I last saw h.. alive on Aug 22, 1932,

and that death occurred, on the date stated above, at 1130 p.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Kadis, M. D.

, 19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery

DATE OF BURIAL: Aug 25, 1932

20 UNDERTAKER: J. Aronson & Co

ADDRESS: 2432 Pentaslon Rd

TION is very important. See instructions on back of certificates.

M. D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82299

CERTIFICATE OF DEATH

46 E 82299

1. PLACE OF DEATH Baltimore City Hospitals (No. 5-6)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Sehl

(a) Residence: No. 1033 Hillen st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herbert Sehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Manners

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peter's Date Aug 25. 1932

19. UNDERTAKER John C. Miller
(Address) 2225 Eastern Ave

20. FILED Aug 25 1932 Huntington Millware, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1932 to August 22, 1932

I last saw him alive on August 22, 1932 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Obstruction (Partial)	Aug 4, 1932
Pulmonary Tuberculosis.	Feb, 1932
Other contributory causes of importance:	
Cancer of Stomach	Unk.

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stow, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82300

CERTIFICATE OF DEATH

92 E 82300

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Callow Ave, St. 13-54 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME J. Randolph Bonday

(a) Residence: No. 2101 Callow Ave. St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith V. Bonday

6. DATE OF BIRTH (month, day, year) May 18, 1874,

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Bonday Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Christine White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edith V. Bonday

(Address) 2101 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 24, 1932,

19. UNDERTAKER Wm. E. Black

(Address) 927 N. Broadway

Huntington Mitchell, M.D.

23 1932 Aug 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to Aug 24, 1932.

I last saw him alive on Aug 24, 1932. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Intestinal colic
Emphysema with
Myocardial de-
generation

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry Lee ..., M. D.

(Address) 1100 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

M.D.B. 1668

82301

HEALTH DEPARTMENT—CITY OF BALTIMORE

82301

CERTIFICATE OF DEATH

V93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Light St. 23-32 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frederick Hawkins, Sr.

(a) Residence: No. 1608 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Amanda V. Hawkins

6. DATE OF BIRTH (month, day, year) April 30, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. contractor

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Charles E. Hawkins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Burns

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Amanda V. Hawkins
(Address) 1608 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lord Hill Cem Date 8/24, 1932

19. UNDERTAKER S. Frew McCully
(Address)

20. FILED Aug 24 1932 Harry J. Pfeifer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st. 1932 to Aug. 22, 1932

I last saw him alive on Aug. 21, 1932. Death is said to have occurred on the date stated above, at 5.30A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Senile Myocarditis	1 Yr.
Other contributory causes of importance:	
Arteriosclerosis	6/1/30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. F. Hawkins M. D.

(Address) 1608 Light St.

OBSERVATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82302

CERTIFICATE OF DEATH

× 94-001

26-37

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Boston & Dean. St. Standard Oil Co. Ward)

Length of residence in city or town where death occurred .yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles D. Nagle

(a) Residence: No. 2704 Gray Manor Terrace, Colgate St. Ward. Balt Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary V. Nagle

6. DATE OF BIRTH (month, day, year) Sept. 10, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Nagle

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary W. Briehl

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary V. Nagle
(Address) 2704 Gray Manor Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 27, 1932

19. UNDERTAKER George T. Zirkler
(Address) 1727 E. Eager St.

20. FILED AUG 27 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from ——— , 19 , to ——— , 19

I last saw h— alive on ——— , 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N. C. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address) 1300 Hollins St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26-A Co.-200 Bks.

E 82303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82303

CERTIFICATE OF DEATH

1-PLACE OF DEATH Emerson Hospital — REGISTERED NO. [illegible]

City of BALTIMORE: (No. 14-20 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bryant

(a) RESIDENCE NO. 616 E. Street St. Ward Spring Point

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 45 — Months — Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Daniel Braxton

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucinda Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Julius Braxton

(Address): 1111 E. Madison St

15 [illegible] 19 Registrar

AUG 2 1932

Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 19 32

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 23, 1932, that I last saw h[illegible] alive on July 23, 1932, and that death occurred, on the date stated above, at 1130 p. m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Ruptured appendix

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 19 32

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

July 23, 1932 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Calvary Cem — Date of Burial: 8-27 1932

20 UNDERTAKER: Jas. M. Skinner — ADDRESS: 1625 E. Madison St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82304

CERTIFICATE OF DEATH

9t E 82304

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 W. Fayette St. 14-27 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert W. Smith

(a) Residence: No. 1403 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mae Smith

6. DATE OF BIRTH (month, day, year) November 22, 1882

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	49	8	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar

10. Date decedent last worked at this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

FATHER

13. NAME Owen K. Smith

14. BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Walker

16. BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

17. INFORMANT Mrs. Anna Mae Smith
(Address) 1403 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Aug. 24, 1932

19. UNDERTAKER Joseph Cook
(Address) 1503 W. Baltimore St.

20. FILED Aug 24 1932, 19... Registrar.

AUG 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to Aug. 21, 1932
I last saw him alive on Aug 21, 1932 death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina-Pectoris	7/15/32

Other contributory causes of importance:

Uremia.

Name of operation None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Thurston, M. D.

(Address) 288 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-b

82305

HEALTH DEPARTMENT—CITY OF BALTIMORE

82305

CERTIFICATE OF DEATH

V46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Sanders St. 24-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Dichelstiel

(a) Residence: No. 405 Sanders St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Dichelstiel

6. DATE OF BIRTH (month, day, year) 5/9/1862.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Kunze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mamie G. Baker

(Address) 405 - Sanders St

18. BURIAL, CREMATION, OR REMOVAL 8/24/32

Place New Cathedral Date ... 19

19. UNDERTAKER George J. Ruth Inc

(Address) 1715 Eastern Ave

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to Aug 23 - 1932.

I last saw her alive on Aug 22 - 1932 Death is said to have occurred on the date stated above, at 5.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	(?)

Other contributory causes of importance:

Exhaustion

Name of operation not any Date of ✓

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) C. E. Buxton M. D.

(Address) 301 East Cross St

M. D. R. 1268-9

B 82306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82306

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Baltimore Md. St., 76-37 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Hartman
(a) Residence: No. None Except Baltimore City Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Hartman
6. DATE OF BIRTH (month, day, year): 1845
7. AGE: Years 87; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland Talbot
FATHER
13. NAME: Brown Spark
14. BIRTHPLACE (city or town) (State or country): Md
MOTHER
15. MAIDEN NAME: Eliz Anderson
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT: Records Balto City Hospital
(Address)
18. BURIAL, CREMATION, OR REMOVAL: Date AUG 24 1937
Place Johns Hopkins
19. UNDERTAKER: Commissioner Health.
(Address) [illegible]
20. FILED 7228 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-20, 1937
22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1937 to 8-20, 1937
Last saw h alive on 8-20, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Myocarditis chronic — Date of onset unknown

Other contributory causes of importance:
Coronary thrombosis — 8-20-37
Arteriosclerosis general
Senile Psychosis
Malnutrition — unknown

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
8-20-37 (Signed) Elmer Highbarger M. D.
(Address) Balto. City Hospital

M. D. B. 1268-9

82307 HEALTH DEPARTMENT—CITY OF BALTIMORE 82307

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 1023 N. Vincent St. 16-22 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa V. Stewart

(a) Residence: No. 1023 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): May 7 1932

7. AGE — Years: — Months: 3 Days: 11 If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Herman Lyles

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Sarah Stewart

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Ostean Stewart
(Address): 1023 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Johns Hopkins Date: AUG 24 1932

19. UNDERTAKER: [illegible]
(Address): [illegible]

20. FILED 7225 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on August 19

Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset: 3 Days

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AUG 24 1932

E 82308

1-S-M-M-2000-50L

E 82308

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 ✓

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 6 Pratt St. ST. 4-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown. (C)

(a) RESIDENCE NO Do not know. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.

(Address)

15 7226 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Fell from Pier 6 Pratt St.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No,

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/22/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hosp.

DATE OF BURIAL AUG 24 1932

20 UNDERTAKER [illegible] Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82309 HEALTH DEPARTMENT—CITY OF BALTIMORE 82309

CERTIFICATE OF DEATH

Registered No. 121 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 W Hoffman St., 7-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Holt

(a) Residence: No. 522 W Hoffman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1908

7. AGE: Years 24 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tampa Florida

FATHER

13. NAME Mr Holt

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Reno Dyer

17. INFORMANT (Address) 117 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date AUG 24 1932

19. UNDERTAKER Commissioner Health. (Address) 7327

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August 9 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: (

	Date of onset
Appendicitis	
Other contributory causes of Importance:	

Name of operation Ruptured Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Leith Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82310

158

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1310 (ST.) Lexington (WARD) 14 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Lester

(a) RESIDENCE NO. 1310 (ST.) Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Infant

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1932.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	8.7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS:

10 NAME OF FATHER Clarence D. Lester

11 BIRTHPLACE OF FATHER (city or town) Carroll Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Brown

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D.C.

14 Informant Clarence D. Lester

(Address) 1310 N. Lexington St

15 Filed Aug 25 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Aug 24, 1932, that I last saw him alive on Aug 23, 1932, and that death occurred, on the date stated above, at 4 50 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W. H. Lesley M. D.

, 19 (Address) 817 Madeira Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill Cem Balto

DATE OF BURIAL Aug. 25 1932

20 UNDERTAKER Walter Davis

ADDRESS 2008 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82311 E 82311

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Wolf St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased died ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Bryan

(a) Residence: No. 1038 N Wolf St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Mgrd

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robt. Bras

6. DATE OF BIRTH (month, day, year) Jan 22 1893

7. AGE — Years 39 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas. Cornish

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosella Tate

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robt Bras

(Address) 1038 N Wolf

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date aug 25, 1932

19. UNDERTAKER Edw. Bryan

(Address) 1631 Gilmore St

Huntington Williams, Mgr

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1932

22. I HEREBY CERTIFY That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death as said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden — Date of onset

Other contributory causes of importance:

Name of operation Regular Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

AACo. 5-31 250B

E 82312 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82312

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 W Lexington St. 20-69 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ursela Seyszerske

(a) Residence: No. 2114 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Jocubas Kalinauskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mary Wallace
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Holy Redeemer Date 8/25 19 32

19. UNDERTAKER Chas. B. Kuchanska
(Address) 637 S. Paca

20. FILED AUG 24 1932 19 Huntington Williams, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to August 22, 1932
I last saw her alive on Aug 22 1932 death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	3 days
Carcinoma of Rectum	years

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph F Laskarta M.D.
(Address) 67 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 82313

E 82313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Brunal Apartments (St.) 11-24 (WARD)

2. FULL NAME Florence Mae Leaf Heath

(a) RESIDENCE NO. S.W. Corner Charles & Mt. Royal ave (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harris T. Heath

6 DATE OF BIRTH (month, day, and year) 3/15/68

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry G. Leaf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Amelia Gambrill Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Nevada Hall Black
(Address) 3101 Old York Road

15 Filed Aug 24 1932 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20/32

17
I HEREBY CERTIFY, That I attended deceased from 8/20, 1932, to 8/22, 1932
that I last saw h alive on Aug 22, 1932
and that death occurred, on the date stated above, at 11.40 A m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic Nephritis

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N.
Did an operation precede death? N. Date of
Was there an autopsy? N.
What test confirmed diagnosis?

(Signed) Geo A Symington M. D.
8/23, 1932 (Address) 5805 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy.
DATE OF BURIAL: 8/26/32

20 UNDERTAKER: John C. Mitchell Sons
ADDRESS: 1900 Eutaw Place

TION is very important. See instructions on back of certificate.

M. D. B. 1966-8

E 82314

E 82314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3925 Foster Ave. St., 26 (Ward)

Length of residence in city or town where death occurred About 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 1317

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth Heinlein

(a) Residence: No. 3925 Foster Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Heinlein

6. DATE OF BIRTH (month, day, year) Dec. 1 1848.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME John C. Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosanna Burns

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John Heinlein (Husband)
(Address) 3925 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 27 32.

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 403 S. Wolfe St.

20. FILED Huntingtown Williams N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23/32

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Aug 23 1932

I last saw her alive on Aug 23 1932 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	
Renal disease	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24a. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Dwight Dorsey M. D.

(Address) 600 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1567

82315

E 82315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Wilkens Ave St. W-28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Brown

(a) Residence: No. 2011 Wilkens ave St., 18 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brown

6. DATE OF BIRTH (month, day, year) May 22nd 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry O'Neil

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Galen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lee Brown (Son)

(Address) 2011 Wilkens ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Edlenderal Date aug 26 19 32

19. UNDERTAKER Lilly & Julen Drug

(Address) 508 S Mount St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 1932 to 8-22-, 1932

I last saw h[illegible] alive on 8/22, 1932 Death is said to have occurred on the date stated above, at 8.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis —	
Arteriosclerosis	2
Chronic Valvular Heart Disease	1
(Mitral Stenosis)	
Senile Asthenia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? V

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify None

8/23/32 (Signed) E Heller Hemming, M. D.

(Address) 7000 Hollins Rd

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 82316

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 E 82316

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 15 E Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Daily

(a) Residence: No. 210 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Carey

6. DATE OF BIRTH (month, day, year) 4-21-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry V. Daily

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne McKean

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Next of kin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 8/26, 1932

19. UNDERTAKER Henry H. Meaks & Son
(Address) 205 N. Calvert St.

20. FILED AUG 26 1932, 19 Huntington Pittman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1932, to 8-24, 1932

I last saw him alive on 8-24 1932 death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Empyema of pericardium	8-17-32
due to Perforation	
of esophagus Metastatic	
(b) Carcinoma of Esophagus	
(c)	
(d)	

Other contributory causes of importance:

Bleeding Metastatic	8-21-32
Paralytic Ileus	

Name of operation Gastrostomy Date of 8-22-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Carey M. D.

M.D. (Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82317

CERTIFICATE OF DEATH.

E 82317

131 v

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1091 N. Rutland St.) (6-10 WARD)

2. FULL NAME George Kroesch

(a) RESIDENCE NO. 1091 N. Rutland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) 1091 N. Rutland St.

15 Filed ..... 19..... 16 Registrar

Huntington Williams, M.D.

2-4-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Aug 23, 1932, that I last saw h(im) alive on Aug 23, 1932, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

CONTRIBUTORY (Secondary) Chron. Interstitial Nephritis (duration) one day yrs. mos. ds.

? (duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) B V Kelly M. D.

19 (Address) 101 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 25-32
20 UNDERTAKER	ADDRESS
Russell E. Humphreys	501 N. Broadway

IMPORTANT. See instructions on back of certificates.

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82318

CERTIFICATE OF DEATH

× 93-003 ✓

E 82318

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Arlington Ave. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Bragg Anthony M.D.

(a) RESIDENCE NO. 827 Arlington Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widower.

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER George H. Bragg, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Dr. Geo. H. Bragg, Jr.

(Address) 827 Arlington Ave. Huntington Williams, N.Y.

15 Filed AUG 24 1932 19 R.S.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 18. 1932. to Aug 22 1932

that I last saw her alive on Aug 22. 1932

and that death occurred, on the date stated above, at 7:40 m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis Hypertension

Cardio-Vascular Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arterio-Sclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George McDonald, M. D.

19 (Address) 700 W Randolph St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Aug 25 1932

20 UNDERTAKER Archibald A. Gaddis ADDRESS 1846 McCulloh St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82319 E 82319

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hosp Ward) 8-17

Registered No. 186
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wm Porcher

(a) Residence: No. 1926 W. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) Apr 10 1870

7. AGE Years 62 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 685

10. Date deceased last worked at this occupation (month and year) Aug 1931 | 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME August Porcher

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Augusta

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Amelia Porcher
(Address) 1926 W. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 26, 1932

19. UNDERTAKER Harry A Wilkes
(Address) 1401 Lamont Ave Huntington Park, Md

20. FILED AUG 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 I last saw h alive on Aug 19 1932 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows: Date of onset

Accident Fell from Seaford.
Bronchial Pneumonia
3 Days

Other contributory causes of importance: Fracture 1st & 2nd Vertebrae
Fracture Left Femur
and Wrist.

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 19 1932
Where did injury occur? Fell from Seaford
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Quick, M. D.
Coroner

(Address) Bowie

1-30—M. & T.—100 B—50L

E 82320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82320

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 19-28 WARD

2-FULL NAME Katherine Parks

(a) RESIDENCE NO 422 S. Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of Late Harry A. Parks

6 DATE OF BIRTH (month, day, and year) ? ? 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER ? Deck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank E. Parks

(Address) 422 S. Gilmor St.

15 Filed Aug 29 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) Suddenly yrs. mos ds.

CONTRIBUTORY (Secondary) Strangulated Left Inguinal Hernia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 8/23/32

Was there an autopsy? No

What test confirmed diagnosis? Physical Finding

(Signed) Guy W. Bromwell M. D. Coroner

8/24, 1932 Address 203 Stapleton Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Aug 27 1932

20 UNDERTAKER: Harry H Witzke

ADDRESS: 4101 Edmondson Ave

CAUSE OF DEATH must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82321

82321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen Hosp Sp. 18-26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jabez P. Harris sr

(a) Residence No. 304 N. Carrollton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. If Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edna Harris
6. DATE OF BIRTH (month, day, year) Sept 16-1901
7. AGE Years 30 Months 11 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co

FATHER
13. NAME John H. Harris
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Redman
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bernard Harris
(Address) 304 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Aug 25th 1932

19. UNDERTAKER Wm Cook
(Address) 1247 E. Paul St

20. FILED Aug 25 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident 2nd degree burns face and body	
Other contributory causes of importance: Unknown.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 25 1932
Where did injury occur? 5806 Narcissus Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Burns
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Funk M. D.
Coroner
(Address) Towson

M. D. B. 1268-9

82322

HEALTH DEPARTMENT—CITY OF BALTIMORE

82322

106-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1946 (Street) Walbrook Ave (Ward) 21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mo. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lydia C. Bauer

(a) Residence: 1946 Walbrook Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND (or) WIFE of: Henry G Bauer

6. DATE OF BIRTH (month, day, year): Dec 31-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): York Co Penna

FATHER

13. NAME: Geo W. Smith

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Elizabeth M Feagy

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Henry G. Bauer 1946 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 27 1932

19. UNDERTAKER: Williams Coale

(Address): 121 W. Saratoga St

20. FILED: Aug 27 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 - 1932 to Aug 24 1932

I last saw her alive on Aug 24 1932 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrinous Bronchitis (Bronchiectasis), about	Aug 15
Feb	
Other contributory causes of importance:	
Dementia of Long	Aug 22

Name of operation ..... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eugene Funk, M. D.

(Address) 2202 W. Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

82323

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 L 82323

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2238 Madison ave ST. 7-17 WARD)

2—FULL NAME Rachel Peaco Douglas

(a) RESIDENCE NO. 2238 Madison ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

a If married, widowed, or divorced: BUSBAND of (or) WIFE of ~~Widow~~ Chas Douglas

6 DATE OF BIRTH (month, day, and year): Bldg S, record town

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1871		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Washing & ironing

(c) Name of employer: At home Boy Lunch

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Samuel Wilmore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Gowens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary Bishop.
(Address) 2238 Madison ave

15 Filed ~~Hattie Killingsworth~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/22/32

17 I HEREBY CERTIFY, That I attended deceased from April 13th 32 to Aug 22nd 32

that I last saw her alive on Aug 22nd 32

and that death occurred, on the date stated above, at 2,30 P m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer, with Interstitial Nephritis.

(duration) 7 yrs 4 mos. 9 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs 4 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What ~~test~~ confirmed diagnosis? Clinical Examination and Test.

(Signed) L. T. Gunn, M. D.

, 19 (Address) 522 N Carlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Aug 25 1932.

20 UNDERTAKER: Samuel Hemsley

ADDRESS 5-58 Biddle

8-23-1932

M. D. B. 1268-9

E 82324

E 82324 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S Jasper St., 4-30 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Nicolla Carrilla

(a) Residence: No. 126 S Jasper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 1882

7. AGE: Years 50 | Months 10 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs A. S. Delurio

(Address) 416 W Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Aug 25 1932

19. UNDERTAKER: Samuel Ottenberg

(Address) 528 N Eutaw St

20. FILED AUG 25 1932 Huntington Ellicott Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to Aug 22, 1932

I last saw him alive on Aug 22, 1932 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Paralysis Cerebral Hemorrhage — Onset April 20 1932

Other contributory causes of importance:

Arteriosclerosis — Onset 1931

Name of operation: None — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Charles B. Howles, M. D.

(Address) 112 S. Howard St

M. D. R. 1365-2

82325

E 82325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH Balto. City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., W-37 Ward)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustag Schmidt

(a) Residence: No. 3713 E Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of — William Ragg

6. DATE OF BIRTH (month, day, year) 6-20-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margt Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bachman's Date Aug 27 1932

19. UNDERTAKER John F. Denny
(Address) 710 Light St.

20. FILED AUG 25 1932 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1932 to 8-23 1932

I last saw her alive on 8-23 1932 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatic cyst	5-1-32 (?)
Other contributory causes of importance: Peritonitis	8-22-32

Name of operation Laparotomy Date of 8-22-32

What test confirmed diagnosis? C.F. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

AaCo. 5-11 250B

E 82326

E 82326 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Huntingdon Ave St. 12-51 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carlyle Edward Boone

(a) Residence: No. 2619 Huntington Ave St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mabel A. Boone

6. DATE OF BIRTH (month, day, and year) Feb 13-1895

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	37	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Duncan & Standards
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

MOTHER FATHER

13. NAME James B. Boone
14. BIRTHPLACE (city or town) (State or country) Balto. Co.
15. MAIDEN NAME Mary A. Reynolds
16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Mabel A. Boone
(Address) 2619 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL Balto. County Date Aug 26 1932

19. UNDERTAKER D. S. Marshall
(Address) 3539 Falls Road

20. FILED 1932 Huntington Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23d 1932

22. I HEREBY CERTIFY, That I attended deceased from August 17th 1932 to August 23d 1932
I last saw him alive on August 23d 1932 death is said to have occurred on the date stated above, at 9.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculas Pneumonia	8-20-32

Other contributory causes of importance:

Pulmonary Tuberculosis.	?

Name of operation None Date of ...
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Contracted during World War. If so, specify

(Signed) George E. E. Cross. M. D.
(Address) 28 W 25th St.

M. D. B. 1268-9

82327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82327

CERTIFICATE OF DEATH

95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., (or) 13 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Sibistowicz

(a) Residence: No. 721 S. Montford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sibistowicz

6. DATE OF BIRTH (month, day, year) do not know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Andrew Sibistowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Elizabeth Sibistowicz

(Address) 721 S. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 26, 1932

19. UNDERTAKER Wrobleski

(Address) 1932 E. Lafayette Ave.

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1932, to Aug 23, 1932

I last saw him alive on Aug 13 1932. Death is said to have occurred on the date stated above, at 11.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5
Auricular Fibrillation	"
Partial Heart Block	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. F. Young M. D.

(Address) St. Joseph Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 82328

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82328

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 56 S. Carrollton, Ave. St. 18-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Hayes

(a) RESIDENCE No. 56 S. Carrollton, Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michel F. Hayes

6 DATE OF BIRTH (month, day, and year) July 15, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	62	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michel Carhel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Michel F. Hayes 56 S. Carrollton, ave.

15 Filed Aug 2 1932 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to Aug. 24, 1932, that I last saw her alive on Aug. 24, 1932, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

I Carcinoma of Larynx.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) none.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) [illegible] M. D.

8/26/32 (Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wash. D.C. Mt. Olivet

DATE OF BURIAL 8/27 1932

20 UNDERTAKER Frederick A Cole

ADDRESS 1288 W. Lombard St

AUG 2 1932

IMPORTANT—See instructions on back of certificates.

M. D. B. 1268-0

B 82329 HEALTH DEPARTMENT—CITY OF BALTIMORE B 82329

264.110

CERTIFICATE OF DEATH

X 13/v

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reid Nuckols

(a) Residence: No. Wealthia St., ... Ward. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora.

6. DATE OF BIRTH (month, day, year) Jan-10-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ira T Nuckols.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Grace Snoddy.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bremo Bluff Va Date 8/25 1932

19. UNDERTAKER Joseph Ahern's
(Address) 22 E Baltimore St

20. FILED AUG 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-20-, 1932, to Aug-24, 1932.

I last saw him alive on Aug-24, 1932. Death is said to have occurred on the date stated above, at 11 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1930
Uremia	Aug 1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Blood Chem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm Darnall, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

E 82330 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82330

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-10 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. .. mos. .. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Charles Baumfreund

(a) Residence: No. 2217 Colorado St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Baumfreund

6. DATE OF BIRTH (month, day, year) ? ? 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Button-hole maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clothing shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Preston Baumfreund

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Lobis —

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Isaac Baumfreund
(Address) 2217 Colorado St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt. Carmel Date 8-25- 1932

19. UNDERTAKER Jack Levin Inc
(Address) 1729 E. Baltimore St

20. FILED AUG 25 1932 Huntington Williams Registrar

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from August 20. 1932 to August 25. 1932

I last saw h.. alive on August 25. 1932 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	
Cerebral Hemorrhage	8/20/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. B. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82331 VE 82331

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto. Md St. 17-76 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Jennings,

(a) Residence: No. 911 Bradley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ~~Married~} ?

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8-25-32

19. UNDERTAKER Grant Eastard
(Address) 916 Pa ave

20. FILED AUG 25 1932 Hattie Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-20-32 to 8-24-32

I last saw h[er] alive on 8-24-32 Death is said to have occurred on the date stated above, at 8:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-20-32
a Hemiplegia	
Other contributory causes of importance:	
Arteriosclerosis	unknown
Hypertension	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury —/— 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-24- (Signed) Elmer H. Hofheimer M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-9

82332 HEALTH DEPARTMENT—CITY OF BALTIMORE 82332

CERTIFICATE OF DEATH

Registered No. 87-002

1. PLACE OF DEATH Baltimore City Hospitals 87-002
CITY OF BALTIMORE: (No.) Balto. md, (St.) 11-24 (Ward) 6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Oliver

(a) Residence: No. 931 Linden ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1896.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records City Hospitals Balto.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Cem Date 8-25- 1932

19. UNDERTAKER Daniel Easton
(Address) 916 Pine

20. FILED AUG 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-15-1932 to 8-23-1932
I last saw him alive on 8-23-1932 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess with lateral sinus thrombosis	2½ months ago
Other contributory causes of importance: Sinusitis	Unknown

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify

8-23-1932 (Signed) Elmer Hess Bolger M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-9

82333

HEALTH DEPARTMENT—CITY OF BALTIMORE

82333

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Belvieu Ave St., 9-45 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie E. Snyder

(a) Residence: No. 2110 Lapeer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year): Habitual [illegible] (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alonzo Snyder

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Nellie V. Downs
(Address) 4311 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Aug 27 1932

19. UNDERTAKER Fortune & Co
(Address) 2232 W. Baltimore St.

20. FILED AUG 29 1932 Huntington Wisconsin, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 Year

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. H. 1268-9

E 82334 HEALTH DEPARTMENT—CITY OF BALTIMORE 32334

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N. Gay St., 1-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Spurrier.

(a) Residence: No. 910 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence L. Spurrier

6. DATE OF BIRTH (month, day, year) April 15-1874

7. AGE: Years 58 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Installation Engr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. H. Levering Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas W. Spurrier

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma L. Bush

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Olive K. Spurrier (Address) 3202 Barrington Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 26 1932

19. UNDERTAKER Bertram Fo (Address) 2325 W. Baltimore St

FILED AUG 27 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1932

22. I HEREBY CERTIFY That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 months — Date of onset

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. Funk Coroner M. D.

(Address) Coroner

M. D. B. 1268-9

82335

HEALTH DEPARTMENT—CITY OF BALTIMORE

X E 82335

CERTIFICATE OF DEATH

Registered No. 22323

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 26 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred W. Hays, Sr.

(a) Residence: No. Helenia ave., Middleboro, Md. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice Hays

6. DATE OF BIRTH (month, day, year) Unknown Nov 26 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Halifax Nova Scotia

FATHER

13. NAME William Alman

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Aug 26 1932

Woodlawn Cemetery

19. UNDERTAKER William Cook

(Address) 1217 E. Baltimore St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1932

22. I HEREBY CERTIFY, That I attended deceased from August 17 1932 to August 24 1932

I last saw him alive on August 24 1932 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. — Date of onset: Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Steer M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82336

CERTIFICATE OF DEATH

Registered No. E 82336

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 18-26 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fousek
(a) Residence: No. 861 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Fousek
6. DATE OF BIRTH (month, day, year): 3 3
7. AGE: Years: About 38; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: James Mooney
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Joseph Fousek
(Address) 1121 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: 8/25 19 3

19. UNDERTAKER: Wm E. Pruett
(Address) 1219 E. Pratt St

20. FILED 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Feller M. D.
Coroner
(Address) 2139 Eastern Ave

M. D. B. 1268-9

E 82337 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82337

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 S Bouldin St. 26-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

2. FULL NAME John Schmaus

(a) Residence: No. 700 S Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schmaus

6. DATE OF BIRTH (month, day, year) July 17 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John J. Schmaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hübner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Schmaus

(Address) 700 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Aug 27, 1932

19. UNDERTAKER M. W. E. Dippel & Inc

(Address) 31 Lana St.

20. FILED Aug 25 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932 to Aug 24, 1932

I last saw him alive on Aug 24, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis	1926
Chronic Nephritis	1926
Cerebral Hemorrhage [illegible]	1932
Bronchopneumonia	8-23-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abram J. Blechman M. D.

(Address) 3507 Fait Ave

No. 82338

HEALTH DEPARTMENT—CITY OF BALTIMORE 82338

CERTIFICATE OF DEATH

131 N

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 814 N. Curley St. 7-11 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Barbara Hulka

(a) Residence: No. 814 N Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Hulka

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Polsarny

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Barbara Hulka
(Address) 814 N Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 26, 1932

19. UNDERTAKER Frank Brack & Son
(Address) 1906 Eastland Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from — ..., 1930 to Aug. 22, 1932

I last saw her alive on Aug. 21, 1932. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	
uremia	1 wk

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Edward Novak, M. D.

(Address) Medical Arts Bldg.

AaCo. 5-31 250B

E 82339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82339

CERTIFICATE OF DEATH

X 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 12-14 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Smith

(a) Residence: No. Preston & Valley St., ... Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL Dist Hebrew Cem Date Aug 26 1932

19. UNDERTAKER Easton Sons
(Address) Lynch Estate Md.

20. FILED Aug 26 1932 Huntingtown Williams, N.P.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1932 to Aug 24 1932

I last saw her alive on Aug 24th 1932 death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 19 1932
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. C. Parker, M. D.

(Address) 111 E Hamilton Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 82340

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82340

CERTIFICATE OF DEATH.

82

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2071 Woodbury Ave ST., 13 (WARD)

2-FULL NAME Kate Belchner

(a) RESIDENCE NO. 2071 Woodbury ST., 13 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. [redacted] mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 6 1863

7 AGE: Years 68 Months 11 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Hooper Sons Co

9 BIRTHPLACE (city or town) (State or country): Frederick Co

PARENTS

10 NAME OF FATHER: J. F. Belchner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sara Phipps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Andy Belchner Huntington Williams, Nyk

15 [illegible] 1932 B.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-24 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 25, 1932, that I last saw h[illegible] alive on Aug 24, 1932, and that death occurred, on the date stated above, at 11:15 AM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmo

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arter Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Final syn

(Signed) C. I. Campbell M. D.

(Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester Md

DATE OF BURIAL: Aug 27 1932

20 UNDERTAKER: Jacob Winkler Sons

ADDRESS: Manchester

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82341 B 82341

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Dennison St. 20-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anna Margaret Greisz

(a) Residence: No. 517 Dennison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius M. Greisz

6. DATE OF BIRTH (month, day, year) Sept 29-1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife all her life

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julius M. Greisz
(Address) 517 N. Dennison St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 26 32

19. UNDERTAKER Wm. Cook & Son
(Address) 1210 E. Fayette St

20. FILED 26 1932 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30. 1932 to Aug 24 1932

I last saw h.. alive on Aug 23. 1932 Death is said to have occurred on the date stated above, at 7:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Stomach with metastasis	2yrs.
Valvular heart disease (mitral insufficiency)	2yrs

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?
No - If so, specify .....

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St

M. D. M. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82342 E 82342

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., H-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 1 mos. 16 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Virginia Morris

(a) Residence: No. R.F.D. 2 Aberdeen Md. (Aberdeen) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 21 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Ray Morris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Beulah Monksdale

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Aberdeen Hospital Aberdeen Date Dec 27 1932

19. UNDERTAKER J. L. Tydings & Sons

(Address) Aberdeen, Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932 to August 25 1932

I last saw her alive on August 25 1932 Death is said to have occurred on the date stated above, at 2:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Disease	10 yrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thos Bryce M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

82343

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 82343

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Louise Ave. St., 27-43 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ida Noakes

(a) Residence: No. 3111 Louise Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas A. Noakes

6. DATE OF BIRTH (month, day, year) Oct. 15, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME James Rhodes

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Thomas A. Noakes
(Address) 3111 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug. 26, 1932

19. UNDERTAKER Mrs G. Miller & Son
(Address) 2424 Pennsylvania Ave

20. FILED Aug 27 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1932 to 8/25, 1932

I last saw her alive on 8/23, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Incompetency	
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clyde W. Holbert M. D.

(Address) 5103 Harford Rd.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82344

CERTIFICATE OF DEATH

94 B 82344

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Jud 70-1 St., 45 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Murphy

(a) Residence: No. 1007 First St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) 9/5/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Norfolk, Virginia

FATHER

13. NAME W.H. Murphy
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME E. Carstone
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Records Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Date Aug 26 1932

19. UNDERTAKER (Address) D. J. & C. Miller 2425 Eutaw Place Huntington Williams, Inc. Registrar.

20. FILED 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 6.14 1927 to 8 23 1932

I last saw h... alive on 8-23 1932 Death is said to have occurred on the date stated above, at 8:45 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8.23.32

Other contributory causes of importance:

Heart Disease Arteriosclerotic	unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

8.24. (Signed) Elmer Hyatt M. D.

(Address) Baltimore City Hospitals

Spec.—1-12-23—M&T—500 Bks.

E 82345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82345

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 Hanover (St.) 23-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Eisel

(a) RESIDENCE NO. 925 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Eisel

6 DATE OF BIRTH (month, day, and year) Feb 17th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	78	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germy

PARENTS

10 NAME OF FATHER Nicolas Eisel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant Mrs Elsie Eisel

(Address) 925 Hanover st.

15 Filed AUG 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24/32.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22/32. 19 . to Aug. 24/32. 19 .

that I last saw him alive on Aug. 24/32. 19

and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmanary Hemorrhage.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Hecan Clausen M.D.

Aug. 25/32. (Address) 933 Hanover st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Aug 27 1932

UNDERTAKER E. Schloman & Son ADDRESS 1039 Hanover st

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

82346

82346

V 53

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S. Durham St., 1st Ward)

Length of residence in city or town where death occurred all her life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Ennel

(a) Residence: No. 242 S. Durham St., 1st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
femal	Col	widow

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of William Ennel

6. DATE OF BIRTH (month, day, year) ~~[illegible]~~ 1867?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65±			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME (First name?) Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT anna Bailey
(Address) 242 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemtry Date aug 27, 1932

19. UNDERTAKER Edw. Bryan
(Address) 1631 Orleans St

20. FILED AUG 26 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932 to Aug 23, 1932

I last saw h[illegible] alive on Aug 22, 1932 death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	5 months ago

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Thrasher M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82347

E 82347

CERTIFICATE OF DEATH

V/19

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735½ W. Saratoga St. 8-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Mance

(a) Residence: No. 735½ W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Eddie Mance

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mattie Morris

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mattie Morris

(Address) 735½ Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lin Date 8/26 19 32

19. UNDERTAKER H. S. Davenport

(Address) 1006 Pennsylvania Ave

20. FILED Aug 27 1932 H. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Acute intestinal indigestion	
& diarrhoea & dehydration	8/17/32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Signed: H. Wagner Teller M. D.

Coroner

(Address) 1734 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 82348 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82348

CERTIFICATE OF DEATH

REGISTERED NO. 1317

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 Edmondson ST. (WARD) 18th

2—FULL NAME Catherine Randall

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1105 Edmondson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 9 1859

7 AGE: Years 73 (1859) Months June Days 9th

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Edward Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

11 Informant: Katie R. Randall (Address) 1105 Edmondson Ave

15 Filed [redacted] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/23/32

17 I HEREBY CERTIFY, That I attended deceased from March 14 1932 to Aug 23rd 1932

that I last saw her alive on Aug 23rd 1932

and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

with Hemiplegia

(duration) 4 yrs 5 mos 23 ds

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 4 yrs 5 mos 23 ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. T. Duncan M. D.

19 (Address) 522 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Aug 26 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS: 522 Delivered

M. D. B. 1938-9

82349

E 82350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82349

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 27-56 Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyman Shear

(a) Residence: No. 4616 Pimlico Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Shear

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Sarah Shear
(Address) 4616 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lorel Pk Date Aug 26, 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1212 Balto St

20. FILED AUG 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1932 to August 25, 1932
I last saw him alive on August 25, 1932 Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset .....

Other contributory causes of importance:

Coronary Thrombosis
Chronic Nephritis
Parkinson's Syndrome

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. P. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 82350

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82350

CERTIFICATE OF DEATH

1084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 4-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Voss

(a) Residence: No. 1327 Wilcox St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 4 - 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	22.	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger 052

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yr

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Otto Voss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Voss
(Address) 1327 Wilcox.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 27, 1932

19. UNDERTAKER John Ulrich
(Address) 205 S. Eden

Huntington Station, N.Y.

20. FILED AUG 29 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Aug 27, 1932.

I last saw him alive on Aug 27, 1932. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 13
Other contributory causes of importance: Peritonsillar Abscess	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) G. Fo Young, M. D.

(Address) St. Joseph Hosp

M. D. B. 1268-9

E 82351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82351

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1123 Battery Ave St. 24-33 (Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry S. Getzinger

(a) Residence: No. 1123 - Battery ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 9-12-1884.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47.	11.	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Typewriter

10. Date deceased last worked at this occupation (month and year) Mar. 10-1932.

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Getzinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rena Ulrich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Kate Dougherty

(Address) 1123 Battery Ave

18. BURIAL, CREMATION OR REMOVAL

Place Western Date Aug 27 1932

19. UNDERTAKER Joseph F. Hynes

(Address) 1420 Light St.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12. 1932. to August 23- 1932

I last saw him alive on August 23rd 1932 Death is said to have occurred on the date stated above, at 11:P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Chronic Nephritis.	(?)
Other contributory causes of importance:	
Cerebral hemorrhage	9 hrs

Name of operation not any Date of ✓

What test confirmed diagnosis Physical as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) C. J. Benstow. M. D.

(Address) 201. East. Cross St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82352

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 332 W. Preston ST. 11-24 WARD)

2—FULL NAME Annie Thompson

(a) RESIDENCE NO. 332 W. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Montgomery Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Chas Thompson
(Address) 332 Preston St

Filed AUG 2 1932, 19 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931, 19, to Aug. 23, 19 32,

that I last saw h alive on Aug. 23, 19 32

and that death occurred, on the date stated above, at 1:23 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. White, M. D.

, 19 (Address) 1031 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Aug 26 1932

20 UNDERTAKER: Samuel Stemsley

ADDRESS 578 N Bdle

M. D. B. 1268-9

E 82353 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82353

CERTIFICATE OF DEATH

22 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Widowski

(a) Residence: No. 331 E. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Leskowski

6. DATE OF BIRTH (month, day, year): July 4-1923

7. AGE: Years 9 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Bernard Widowski
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER
15. MAIDEN NAME: Mary Bresmer
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Mary Widowski 331 E. Caroline

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: Aug 26. 1932

19. UNDERTAKER (Address): P. W. Zagrocki 1930 Eastern Ave.

20. FILED: Aug 26 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on Aug 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	3 days
Other contributory causes of importance: Run Splinter in leg	7 days

Name of operation: Regular Date of ...
What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Link Coroner, M. D.
(Address) Oranus

M. D. B. 1268-9

82354
260493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82354

CERTIFICATE OF DEATH

153V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-50 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Gittings

(a) Residence: No. 404 E. 23 St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Janette

6. DATE OF BIRTH (month, day, year) 3/2/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coppersmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Gittings

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Talbot

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sykesville Date Aug 26 1932

19. UNDERTAKER Wm. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to Aug 23 1932

I last saw him alive on Aug 23 1932. Death is said to have occurred on the date stated above, at 10 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma	Dec 1931
Other contributory causes of importance: Hypostatic pneumonia	May 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dorothy Mavis M. D.

(Address) Johns Hopkins Hospital

82355 E 82355

B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1101 E. Pratt ST. 3-5 WARD)

2-FULL NAME Marietta Ranzino

(a) RESIDENCE NO 1101 E. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John Ranzino

6 DATE OF BIRTH (month, day, and year) May 16th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... house work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Raymond Salvatori

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Cornelia Cubeis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Peter Ranzino

(Address) 1101 E. Pratt St

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) R. Steinegard Coroner, M. D.

8, 1932 (Address) 1305 N. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 8/27/1932

20 UNDERTAKER John J. Cowan & Son ADDRESS 901 Hollins St.

AUG 26 1932

TION is very important. See instructions on back of certificate.

M. H. R. 1265-9

82356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82356

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 14-30 Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll E. Smith

(a) Residence: No. 339 Bloom st. Apr. 4A St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Carroll E. Smith

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Taylor

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/29/ 1932

19. UNDERTAKER John J. Conway & Son
(Address) 501 W. Lexington St.

20. FILED AUG 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to August 25, 1932
I last saw him alive on August 25, 1932 Death is said to have occurred on the date stated above, at 8.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1926
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Braun M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Bks

E 82357.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 82357.

47 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3306 Southern Ave ST 27-44 WARD)

2. FULL NAME Harrison T Rigdon

(a) RESIDENCE NO 3306 Southern Ave ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~single~~ Married, ~~Widowed~~, or Divorced. (write the word): Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Annie M Ridgon

6 DATE OF BIRTH (month, day, and year): December 10th 1885

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): State Roads Com

(c) Name of employer: State

9 BIRTHPLACE (city or town) (State or country): Balto County Maryland

PARENTS

10 NAME OF FATHER: Caleb Ridgon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto County

12 MAIDEN NAME OF MOTHER: Rachel Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto County

14 Informant (Address): Rachel Thompson 3306 Southern Ave

15 [illegible] 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 25 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Aug 25, 1932

that I last saw h[illegible] alive on Aug 24, 1932

and that death occurred, on the date stated above, at 12 35 A. M.

The CAUSE OF DEATH* was as follows:

Exhaustion x T & adenit

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of tongue with metastases to cervical glands

18 Where was disease contracted if not at place of death?

Did an operation precede death? 0 Date of 0

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) Claud Sweeney M. D.

8/26/32 (Address) 4 306 Hospital Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 27 1932

20 UNDERTAKER: Geo Schlinger & Son

ADDRESS: Monument & Lafayette

How to fill out important. See instructions on back of certificate.

M. D. B. 1268

E 82358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82358

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4-47 St., Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Miss Agnes Dougherty

(a) Residence: No. 3905 Fremont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
57		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Denis Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 27, 1932

19. UNDERTAKER John J. Wade & Co.
(Address) 3000 E. Baltimore St.

20. FILED AUG 29 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932 to Aug 24, 1932
last saw her alive on Aug 24, 1932 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Vascular Disease	6 yrs?
Other contributory causes of importance:	
Accidental Fibrillation, Thrombo-phlebitis Femoral Vein	2 mo. 2 mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Simon Bruce, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

B 82359

Spec.-7-17-26-A Co.-200 Bks.

82359

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 ✓

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3010 Weaver Ave. St.) 27-44 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry C. Livingston

(a) RESIDENCE NO. 3010 Weaver Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. 4 ds. 6 How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Bellmon Livingston

6 DATE OF BIRTH (month, day, and year) April 18th 1855

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	77	4	6	

8 OCCUPATION OF DECEASED Has not worked for 66

(a) Trade, profession or particular kind of work Salesman 16 years

(b) General nature of industry, business, or establishment in which employed (or employer) Vegetable Salesman

(c) Name of employer Self Baltimore, Maryland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. H. K. Pinkerton (Daughter)

(Address) 3003 Overland Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24th 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1932, to Aug 24th, 1932, that I last saw h[illegible] alive on Aug 23rd, 1932, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Oesophagus.

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) K. K. Sody M. D.

8-24, 1932 (Address) Harford & Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakdown — Date of Burial Aug 24, 1932

20 UNDERTAKER John A. Inman — ADDRESS 3000 E. Balto St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

AUG 25 1932

M. D. B. 1268-9

E 82360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82360

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Baltimore Md St., 76-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Hammond

(a) Residence: No. Virginia & Essex, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date Aug 27, 1932

19. UNDERTAKER John J. Tynan
(Address) 3000 E. Baltimore

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-11 19 32 to 8-24 19 32

I last saw him alive on 8-24 19 32 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 1932
Other contributory causes of importance: Bronchopneumonia	Aug 20-32

Name of operation None Date of —

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

8-24-32 (Signed) Elmer Hajbeyer M. D.

(Address) Balto City Hospitals

82361

E 82361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Nicholas Flaherty

(a) Residence: No. 1906 Harlem Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Flaherty

6. DATE OF BIRTH (month, day, year) May 6, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Cab Co.

10. Date deceased last worked at this occupation (month and year) August 25, 1932

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Ambrose Flaherty

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Josephine M. Peddicord

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mr. Harry M. Flaherty
(Address) 1906 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date August 27, 1932

19. UNDERTAKER J. A. Bloom
(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h~~e~~ alive on ..... 19.... Death is said to have occurred on the date stated above, at ~~2:30~~ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns of 1/3 to 1/2 of body surface	8/23/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accd Date of injury 8-23, 1932

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Ethyl alcohol burn

Nature of injury 1/3 to 1/2 of body burned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Miller, M. D. Coroner

(Address) 2739 Eastern Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82362

CERTIFICATE OF DEATH

E 82362

Registered No. 12-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sadie Stead

(a) Residence: No. 272 Hamden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgil Stead

6. DATE OF BIRTH (month, day, year) Jan 1, 1854

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	78	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sallie White.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr Virgil Stead
(Address) 272 Hamden St

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Aug 29. 1932

19. UNDERTAKER Ehrnowth Bro
(Address) 2145 Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 . 1932

22. I HEREBY CERTIFY, That I attended deceased from August 19. 1932 to August 25 1932

I last saw her alive on August 25 1932. Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

Thrombosis Anterior cerebral artery with occlusion Hypostasis & common Cerebral — Date of onset 8-24-32

Other contributory causes of importance:

diabetes mellitus
Post operative pneumonia staphylococcus

Name of operation Herniaplasty Date of 8-20-32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Van Ames, M. D.

(Address) St. Agnes Hosp

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82363

E 82363

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1651 E. 25th St. St., [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Octavia Schweizer.

(a) Residence: No. 1651 E. 25th St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of George Schweizer.

6. DATE OF BIRTH (month, day, year) Sept 20 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Lamer.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ethel Sheldon.
(Address) 1651 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL Loudoun Park Date Aug 27, 1932

19. UNDERTAKER Chenowith & Son.
(Address) 3615-17 Eastern Ave.

20. FILED Aug 29 1932 Hamilton Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to Aug 25 1932

I last saw her alive on Aug 24 1932 Death is said to have occurred on the date stated above, at 1 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	2 yrs?
Other contributory causes of importance: Carcinoma Ileum	? yrs

Name of operation Physical Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. McCarthur M. D.

(Address) 1114 Hanover

M. D. R. 1268-9

82364 HEALTH DEPARTMENT—CITY OF BALTIMORE 82364

CERTIFICATE OF DEATH

Registered No. 82364

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. (or Ward) 3400

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Ciscle

(a) Residence: No. 1207 John St., B 317 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Geo. Edward Ciscle

6. DATE OF BIRTH (month, day, year) March 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Washington, D C

FATHER

13. NAME Conrad Priller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Heli

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Mary Ciscle
(Address) 1207 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 27 1932

19. UNDERTAKER Chas P Crane & Son
(Address) 1300 W Fayette St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932 to Aug. 25 1932

I last saw her alive on Aug. 25 1932. Death is said to have occurred on the date stated above, at 10.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	12/1/29
Extensive metastasis to abdominal organs and peritoneum	12/18/31

Other contributory causes of importance: Carcinomatosis of Abdominal cavity

Name of operation Partial gastrectomy Feb 26/1930 Date of Aug 8, 1932
Excision of umbilicus
Tissue examination

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 82365

E 82365 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Clinton St. 26-34 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Stahm

(a) Residence: No. 402 N. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Stahm
6. DATE OF BIRTH (month, day, year): Jan 2 1865
7. AGE: Years 67 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 037

12. BIRTHPLACE (city or town) (State or country): at Sea

MOTHER FATHER
13. NAME: Chas. Kirschman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Elizabeth Killian
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Herman Stahm
(Address) 402 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: 8/27/32

19. UNDERTAKER: Philip Herring & Co
(Address) 2616 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1932 to Aug 24 1932

I last saw h e alive on Aug 24 1932 Death is said to have occurred on the date stated above, at 9:20 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Liver)	?
Malignant Jaundice	Aug. 10 1932

Other contributory causes of importance:

Name of operation: no Date of:

What test confirmed diagnosis: Jaundice - abd growth. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: no

Manner of injury: no

Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D.

(Address) 301 S Ellwood Ave

Spec.—1-30—M. & T.—250 Bks.

E 82366

E 82366

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S Collington Ave St., 13 WARD)

2-FULL NAME Mary Anna Bustorf

(a) RESIDENCE NO. 315 S. Collington Ave St., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Peter Bustorf deceased

6 DATE OF BIRTH (month, day, and year) Apr 10 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or estsblishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Anna Bustorf 315 S Collington Ave

15 Filed Aug 29 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/32

17 I HEREBY CERTIFY, That I attended deceased from 8/21, 19 32 to 8/25, 19 32, that I last saw h alive on 8/25, 19 32, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Arteriosclerotic Cardio vascular Renal Disease

Chronic Myocarditis

(duration) 1 yrs. 7 mos 10 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Failure

Surgical (duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Linthicum M. D.

19 (Address) 316 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosary Cem. DATE OF BURIAL Aug 29 1932

20 UNDERTAKER John B. Weber ADDRESS 401 N. Chester St

AUG 29 1932

M. D. R. 1268-9

E 82367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82367

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Homewood Ave. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth 32 yrs. — mos. — ds.

2. FULL NAME Marie K. Koellner

(a) Residence: No. 2311 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Charles Koellner

6. DATE OF BIRTH (month, day, year) August 20-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Aalen, Germany

FATHER

13. NAME Leonard Koenig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Schisterer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John C. Koenig
(Address) 146 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date Aug. 27- 1932

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Gallagher

20. FILED Huntington Mathews 19 Aug 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1931 to Aug. 25 1932

I last saw h — alive on Aug. 25 1932 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 years
Bronchial Asthma	1 year
Other contributory causes of importance:	
Arteriosclerosis & Heart	3 mos.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) E. J. Kerr M. D.

(Address) 1-6 Cathedral Bldg

M. D. B. 1268-9

82368 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 B 82368

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Smith

(a) Residence: No. 212 S. Bethel st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Smith

6. DATE OF BIRTH (month, day, year) March 27, 1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	28	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

FATHER

13. NAME Donily Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Warren

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Cem. Date 8/27 . 1932

19. UNDERTAKER Pollard Funeral Home
(Address) 15 E. Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16 . 1932 to August 25 . 1932
I last saw him alive on August 25 . 1932. Death is said to have occurred on the date stated above, at 12.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec 1931
Tuberculous peritonitis	Feb 26, 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stacey M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

E 82369 HEALTH DEPARTMENT—CITY OF BALTIMORE

66 - E 82369

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly May Scott

(a) Residence: No. 2546 Main St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of George Scott

6. DATE OF BIRTH (month, day, year) March 30 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Birmingham Ala.

FATHER

13. NAME Jim Hicks

14. BIRTHPLACE (city or town) (State or country) South, S.C.

MOTHER

15. MAIDEN NAME Sallie Williams

16. BIRTHPLACE (city or town) (State or country) Sylacauga Ala.

17. INFORMANT Records Gallo City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. Birmingham Ala. Date 8/27/32 19

19. UNDERTAKER Robert B. Williams
(Address) 1515 McElderry St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-12 1932 to 8-25 1932

I last saw h[illegible] alive on 8-25 1932 Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
following Operation of	
Thyroidectomy	8-12-32
Other contributory causes of importance:	
Toxic goitre	Age

Name of operation Thyroidectomy Date of 8-24-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Hospitals M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

E 82370 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 159 E 82370

CERTIFICATE OF DEATH

Registered No. 22-41

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. [redacted] Ward)

Length of residence in city or town where death occurred X yrs. X mos. X ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby [redacted] Bindok 5613 Bindok right one St. Maternity Ward.

(a) Residence: No. St. Joseph's Hospital (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/26/32

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or 90 min.
	X	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward Joseph Bindok

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Eva Abromitis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward Bindok (Address) 5613 Bindok Rd

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 8/27 1932

19. UNDERTAKER George D. Pinder (Address) 405 Lexington Building, Baltimore, Md.

20. FILED 8/27 1932 H. E. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6.50 AM 8/26, 1932 to 1.35 PM 8/26, 1932

I last saw her alive on 8/26, 1932. Death is said to have occurred on the date stated above, at 1.30 Pm.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. F. Young, M. D.

(Address) St. Joseph Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82371 B 82371

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 8-001

CITY OF BALTIMORE: (No. Baltimore mdl St. 13-52 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Courtney E. Crabster

(a) Residence: No. 835 W. 34th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Crabster

6. DATE OF BIRTH (month, day, year) 2-24-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumber Supply.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Wm. Crabster

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

MOTHER

15. MAIDEN NAME Josephine Spencer

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Records Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Kreiders Cem-Westminster 8-29-32

19. UNDERTAKER Wendell L. Humphreys
(Address) 1601 N. Broadway Baltimore, Md.

20. FILED 1932 19 ORFH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25 19 32

22. I HEREBY CERTIFY, That I attended deceased from 6-6 19 32 to 8-25 19 32

I last saw him alive on 8-25 19 32 Death is said to have occurred on the date stated above, at 5:00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-20-32

Other contributory causes of importance:

Hemorrhage into left internal capsule & right hemiplegia	2 years 2 days

Name of operation Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or Injury in any way related to occupation of deceased? No If so, specify

8-25-32 (Signed) Elsie Stightberger M. D.

(Address) Balto. City Hospital

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82372 — 46 B 82372

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5823 Belair Rd. St. 26-42 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Calvert Kirby

(a) Residence: No. 5823 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Kirby

6. DATE OF BIRTH (month, day, year) June 29-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Copper Wks
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Calvert Kirby
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Higbee
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rose Kirby
(Address) 5823 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug 27-1932

19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 E. Broadway

20. FILED Aug 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27/1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to Aug 27, 1932
I last saw h[illegible] alive on Aug 27, 1932 death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Gephart, M. D.
(Address) 3100 Harford Rd

Spec.—1-12-23—M&T—500 Blks.

E 82373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82373

CERTIFICATE OF DEATH.

130 V

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Bruce ST.) 16-27 (WARD)

2-FULL NAME Susie Hill

(a) RESIDENCE NO. 628 N. Bruce ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Hill

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Richard Stewart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Anne Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Stewart

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Anne Co. Md.

14 Informant Andrew Hill
(Address) 628 N. Bruce St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) X / 25 19 32

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 19 32, to Aug. 25, 19 32,
that I last saw h alive on Aug. 25, 19 32,
and that death occurred, on the date stated above, at 8:25 A m.

The CAUSE OF DEATH* was as follows:

Cause of death

(duration) yrs. mos 25 ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Urinary analysis

(Signed) ..... M. D.

Aug 26, 19 32 (Address) 1203 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn cem — DATE OF BURIAL Aug 28 1932

20 UNDERTAKER Joseph A. Lively — ADDRESS 403 N. Mount St

R. S. H.

TION is very important See instructions on back of certificates.

M. D. R. 1268-9

82374

HEALTH DEPARTMENT—CITY OF BALTIMORE

82374

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — St Jos Hospital

CITY OF BALTIMORE: (No. 145 N. Caroline St., St. Louis Ward)

Registered No. 22320

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Habersham

(a) Residence: No. 633 S. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of-

6. DATE OF BIRTH (month, day, year) May 15, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ridge S. C.

FATHER

13. NAME James Habersham

14. BIRTHPLACE (city or town) (State or country) Ridge S. C.

MOTHER

15. MAIDEN NAME Mary Habersham

16. BIRTHPLACE (city or town) (State or country) Ridge S. C.

17. INFORMANT James Habersham Jr

(Address) 633 S Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Aug 28, 1932

19. UNDERTAKER Joseph A Lively

(Address) 1419 N. Mount Street

20. FILED — —, 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1932 to Aug 24, 1932

I last saw h im alive on Aug 24, 1932 Death is said to have occurred on the date stated above, at 11-7 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Hemorrhoidectomy

Name of operation Hemorrhoidectomy Date of 8/10/32

What test confirmed diagnosis Chest X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. F. Young, M. D.

(Address) St Joseph Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82375 — V82 — E 82375

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 806 N. Central Ave (Ward) 14

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie F. Schaefer

(a) Residence: No. 806 N. Central Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frederick Schaefer

6. DATE OF BIRTH (month, day, year) Nov 2nd 1879

7. AGE — Years 53 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Jos Rogers

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary L. McDermut

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edw J Raney

(Address) 806 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL Buried

Place Holy Cross Cemetery Date Aug 29. 1932

19. UNDERTAKER Henry Hoeck & Sons Inc

(Address) 301 E. Eager St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on Aug 25 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

22a. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert Hoeck Coroner M. D.

(Address) ...

M. D. B. 1268-9

E 82376

264 112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46 E 82376

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... 10-14 ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Belva Tanner

(a) Residence: No. 1224 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) April 26 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Millie Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey Chapel Funeral Home Date Aug 28 1932

19. UNDERTAKER Burgess & Franklin Wright
(Address) 1218 McElderry St

20. FILED 2 1932 Hinton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-20, 1932, to Aug 25, 1932

I last saw her alive on Aug-25, 1932. Death is said to have occurred on the date stated above, at 4.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia bronchial Post Op	8-23-32
Intestinal Obstruction,	8-20-32

Other contributory causes of importance:
Ca of Sigmoid (?)

8-20 Laparotomy
Name of operation 8-22 Extra-peritoneal Colostomy Date of operation

What test confirmed diagnosis Exp Lap. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frank Speed Hyde M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82377 B 82377

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Truax Pattigen

(a) Residence: No. Carlton P.O. Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/22/31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fortune Pattigen

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Emma Merchant

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date Aug 27 32

19. UNDERTAKER Samuel Offenbacher
(Address) 505 N Bridge St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932 to Aug 25, 1932

I last saw him alive on Aug 25, 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	8-24-32
Whooping Cough	7-16-32
Acute Dilatation	7-11-32
Acute Intestinal Intussusception	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Justin F. Washington, M. D.

(Address) Johns Hopkins Hosp.

8-27-1932 A.P. 814

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82378 — 82-001

E 82378

CERTIFICATE OF DEATH

REGISTERED NO. 23-33

1-PLACE OF DEATH

City of BALTIMORE: (No. 1419 Hanover St. Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Faid

(a) RESIDENCE NO. 1419 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Faid

6 DATE OF BIRTH (month, day, and year): June 29, 1855

7 AGE: Years 77 Months 1 Days 26

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm H. Richardson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Lenhardt

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md.

14 Informant: Wm H. Faid

(Address) 1419 Hanover St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Aug 24, 1932

that I last saw h[illegible] alive on Aug 24, 1932

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Central Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Fehrenbach M. D.

19 (Address) 1337 St. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Date of Burial Aug. 27 1932

20 UNDERTAKER: Margaret A. Flynn ADDRESS 1422 Light St.

Huntington Williams

Exact statement of OCCUPATION is very important. See instructions on back of certificates. Write in plain terms, so that it may be properly classified.

Spec.—9-30—A. & Co.—250 Bks.

B 82379

B 82379 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115-091

REGISTERED NO.

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No Home for Incurables St 13 WARD) 52nd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Pfeiffer

(a) RESIDENCE NO. Home for Incurable ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-15-75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Edward Pfeiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Kesting

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John D. Murphy Halethorpe Md

15 Filed 27 1932 Registrar A. F. H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24, 32

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1927 to Aug 24, 1932

that I last saw her alive on Aug 24, 1932

and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Agranulocytic angina

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Differential Blood Count

(Signed) W W Mayo M. D.

Aug 24 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Aug 27 1932

20 UNDERTAKER Wm J Fleckner Sons ADDRESS North & Ta

Spec.—9 30—A. & Co.—250 Bks.

B 82380 HEALTH DEPARTMENT—CITY OF BALTIMORE B 82380

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1413 Homestead St. St. 9-4-7 WARD)

2-FULL NAME Clarence W. Wilkerson

(a) RESIDENCE NO. 1413 Homestead St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura E. Wilkerson

6 DATE OF BIRTH (month, day, and year) May 3, 1872.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	3	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Polisher
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Factory
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel I. Wilkerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. D. Wilkerson
(Address) 1415 Homestead St.

15 Filed Aug 27 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 -32

17
I HEREBY CERTIFY, That I attended deceased from Married 32 to Aug 26 1932
that I last saw h alive on Aug 24 32
and that death occurred, on the date stated above, at 6 31 A M

The CAUSE OF DEATH* was as follows:

(a) Myocardial Degeneration

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. H. Herrmann M. D.
8/26/32 (Address) 1010 E 33 St Balto

*State the Disease Causing Death, or in deaths from Violent Causes State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Harmony, Calvert Co. md

DATE OF BURIAL 8/28 19 32

20 UNDERTAKER Hutchinson & Sons

ADDRESS Mt. Harmony md

Note—It is very important. See instructions on back of certificates.

M. D. B. 1268-7

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82381 26 2381

CERTIFICATE OF DEATH

148 E 82381

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Lease

(a) Residence: No. 927 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Lease

6. DATE OF BIRTH (month, day, year) 3/11/14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Welham

14. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Louise Pinkman

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 28 1932

19. UNDERTAKER Wm. B. J. Gaddis
(Address) 1320 E. Madison St.

20. FILED 2 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27 1932 to Aug 25 1932

I last saw h.e alive on Aug 25 1932 Death is said to have occurred on the date stated above, at 5 15 4 m.

The principal cause of death and related causes of importance were as follows:

Embolus, pulmonary

Date of onset

Other contributory causes of importance:

Thrombophlebitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Blanchard J. Antle M. D.

(Address) The Johns Hopkins Hosp.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82382

CERTIFICATE OF DEATH

1/30 B 82382

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2235 Penrose Ave. (St.) 70-69 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie E. McKewen

(R) Residence: No. 2235 Penrose Ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E.

6. DATE OF BIRTH (month, day, year) Dec 27 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Furman M. Romano

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Georgette Romano

(Address) 2235 Penrose Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 27 1932

19. UNDERTAKER Thomas Kerkner

(Address) 1232 Baltimore

20. FILED Aug 27 1932 H. E. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1930 to Aug 24, 1932

I last saw her alive on Aug 24, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Other contributory causes of Importance:	

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward A. Margin, M. D.

(Address) 7 N. Carey

See instructions on back of certificate. It is very important.

Spec:—8-16-29—L. F. S.—100 Bks.

E 82383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82383

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 703 Harlem Ave. (Ward) 17-26

2—FULL NAME Grace Edwards Coleman

(a) RESIDENCE NO. (Usual place of abode) 703 Harlem Ave ST. 17 WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Coleman

6 DATE OF BIRTH (month, day, and year) Oct 16, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminister Md

PARENTS

10 NAME OF FATHER Israel Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carrol Co. Md.

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carrol Co. Md.

14 Informant (Address) Joseph Coleman 703 Harlem ave Huntington Williams, N.Y.

15 Filed 8 27 1932 Registrar R. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1932 to Aug 26, 1932 that I last saw her alive on Aug 26, 1932 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency (Cardiac Failure)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Acute Arthritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westernets Md.

20 UNDERTAKER Mrs Geo H. Holland

DATE OF BURIAL 8/28 1932.

ADDRESS 1631 Druid Hill

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82384

CERTIFICATE OF DEATH

82 B 82384

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Chapel St. St. 22nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Kincer

(a) Residence: No. 305 S. Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) May 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. O'Leary

(Address) 305 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Aug. 28. 32

19. UNDERTAKER Lilly-Zeiler Co

(Address) 403 No. Howard St.

20. FILED ... D... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1932 to Aug 26 1932

I last saw h... alive on Aug 26 1932 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-24-32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leo. Heller M. D.

(Address) 193 Fulton

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

26 E 82385 — 56 E 82385

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 1-2 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Schoff
(a) Residence: No. 605 S. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3-1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME George Schoff
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
15. MAIDEN NAME Minnie Roeder
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Record JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug. 29th 1932

19. UNDERTAKER Lilly Geiger Inc.
(Address) 403 S. Wolfe St

20. FILED Aug 29 1932 Hamilton Williams, M.D. Registrar.
#

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Aug 26, 1932
I last saw h[illegible] alive on Aug 26, 1932 Death is said to have occurred on the date stated above, at 2.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	8/1/32
Other contributory causes of importance: Rheumatic Fever	5/1/32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) John H. Washington M. D.
(Address) Johns Hopkins Hosp.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82386

CERTIFICATE OF DEATH

157 E 82386

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 24 Ward) 35

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Meushaw

(a) Residence: No. 1407 Cookie St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	white	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md.

FATHER

13. NAME James F. Meushaw

14. BIRTHPLACE (city or town) Baltimore (State or country) md.

MOTHER

15. MAIDEN NAME Sophie Mordinski

16. BIRTHPLACE (city or town) ..... (State or country) Poland md.

17. INFORMANT Mrs Sophie Meushaw
(Address) 1407 Cookie St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet A.A. Balt. , 19

19. UNDERTAKER Lehmann Weber
(Address) 404 S. Eutaw St

20. FILED ..... , 19 ..... Registrar.

7-7-1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to August 26 1932
I last saw him alive on August 26 1932 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition.	7-4-32
Pyloric stenosis.	
Imperforate anus.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. F. Young M. D.

(Address) St Joseph Hosp

Spec.—1-30—M. & T.—250 Bks.

E 82387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82387

82-004

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Eutaw Place ST. 14-20 WARD)

2-FULL NAME William E. Patterson

(a) RESIDENCE NO. 1612 Eutaw Place ST. WARD .....
(1)Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 64 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Inay Patterson

6 DATE OF BIRTH (month, day, and year) Nov. 24 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	74. 9.	2	

8 OCCUPATION OF DEACEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edward Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Virginia Ina Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Clarence Steddard
(Address) 1612 Eutaw Place

15 Filed Aug 27 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26/1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932, to Aug 26, 1932,
that I last saw him alive on Aug 26, 1932,
and that death occurred, on the date stated above, at 9-30 P. m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Paralysis
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Mom
(Signed) R. O. Stanton, M. D.
, 19 (Address) 1103 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 29 1932

20 UNDERTAKER Joseph Syfer — ADDRESS 1600 W Baltimore

M. D. B. 1268-9

B 82388

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82388

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Pinkney Rd) Ward 24 55

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander S. Stern

(a) Residence: No. 3412 Pinkney Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Stern

6. DATE OF BIRTH (month, day, year) Sept. 4 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Simon Stern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jarbette

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. S. Stern

(Address) 3412 Pinkney Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Ohel Shalom Date Aug. 28. 1932

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th . 1932 to Aug. 26th . 1932

I last saw him alive on Aug. 26. 1932 Death is said to have occurred on the date stated above, at 11.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation (Grave).	Aug. 19. 32
Arteriosclerosis	1918
Chr. Myocarditis	
Other contributory causes of importance:	
Pulmonary Edema	2 days -

Name of operation None Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Abrams, M. D.

(Address) 2360 Eutaw Place

M. D. B. 1268-9

82389 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82389

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens or Caton Aves 25-7 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ida Zimmerman

(a) Residence: No. Manchester, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Zimmerman

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER
13. NAME Charles Shaffer
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Jacob Zimmerman
(Address) Manchester, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lester Md Date Aug. 29 1932

19. UNDERTAKER Jacob Wm. Bixler Sons
(Address) Manchester, Md.

20. FILED Aug 29 1932 19 Keyl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1932

22. I HEREBY CERTIFY, That I attended deceased from August 25 1932 to August 26 1932
I last saw her alive on August 26 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Arrhythmia (Auricular fibrillation)	
Cardiac hypertrophy -	
Other contributory causes of importance:	
Diabetes	
Infection - Carbuncle back -	

Name of operation Exc. Carbuncle Date of 8/25/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert Leiter M. D.
(Address) St. Agnes Hosp.

1-30—M. & T.—100 B—50L

E 82390

E 82390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 169

1-PLACE OF DEATH B. & O. R. R. Central Building.

CITY OF BALTIMORE: (No.) Baltimore & Charles Sts. ST. 15-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Connett Coles.

(a) RESIDENCE NO. 2604 Chelsea Terrace. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charlotte B. Coles.

6 DATE OF BIRTH (month, day, and year) July 9, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Louis Mo.

PARENTS

10 NAME OF FATHER John B. Coles.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Lena Connett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Louis.

14 Informant Charlotte Bond Coles, (wife)

(Address) 2604 Chelsea Terrace.

15 Filed Aug 29 1932, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and multible fractures of bones of body. Plunged from 11th story window of B. & O. Bldg. Suicide. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/29/32 (Address) 1017 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Lincoln - ~~Montefiore~~ mausoleum

DATE OF BURIAL: Aug. 29 1932

20 UNDERTAKER: Stewart & Mowen Co

ADDRESS: 1081 W. Mont

TION is very important See instructions on back of certificates.

82391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82391

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Rosekemp Avenue St. 27-44 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Laura Jones

(a) Residence: No. 3111 Rosekemp Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas L. Jones

6. DATE OF BIRTH (month, day, year) August-15-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) ? ? Germany

FATHER

13. NAME Mr. ? ? Daniels

14. BIRTHPLACE (city or town) (State or country) ? ? Germany

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ? ? Germany

17. INFORMANT Mr. Thomas L. Jones (husband)
(Address) 3111 Rosekemp Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loreland Memorial Date Aug. 29, 1932

19. UNDERTAKER Stewart Memorial Company
(Address) 1000 Park Ave.

20. FILED Aug 29 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1931. to Aug 27, 1932

I last saw her alive on Aug 26, 1932. Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2
Uremia - Asthenia	1

Other contributory causes of importance: Senile

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Frazel M. D.

(Address) 2405 Edmondson Ave.

STATE OF MARYLAND—CERTIFICATE OF DEATH

82392 E 82392

1. PLACE OF DEATH

County ... 27-48 107-001 Registration Dist. No. ...

Village or City BALTIMORE No. ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ABOUT 39 OR 40 YRS yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN N. WRIGHT

(a) Residence: No. 4813 CROWSON AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ ANNIE E. WRIGHT

6. DATE OF BIRTH (month, day, and year) OCT. 7-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. BOOKKEEPER

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. BOX MAKING PLANT

10. Date deceased last worked at this occupation (month and year) 8/19/32

11. Total time (years) spent in this occupation ABOUT 40

12. BIRTHPLACE (city or town) BALTIMORE
(State or country)

FATHER

13. NAME LEVIN WRIGHT

14. BIRTHPLACE (city or town) NR. CAMBRIDGE
(State or country) DORCHESTER CO.

MOTHER

15. MAIDEN NAME HELEN ROSE WRIGHT

16. BIRTHPLACE (city or town) GREENWICH, CONN.
(State or country)

17. INFORMANT CARROLL M. WRIGHT
(Address) 4813 CROWSON AVE. BALTO.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date Aug. 30, 1932

19. UNDERTAKER Foley Burns Sons
(Address) Towson

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 27 PM 1932
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1932, to Aug 27, 1932

I last saw him alive on Aug 27, 1932; death is said to have occurred on the date stated above at 5:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Bronchopneumonia — Date of onset Aug 15 32

Other Contributary Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. H. Pearce M. D.

(Address) 2105 Eutaw St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1-30—M. & T.—100 B—50L

82393

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 E 82393

CERTIFICATE OF DEATH

REGISTERED NO. 25-72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Frank.

(a) RESIDENCE NO 1502 De Sota Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) January 2, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Marie D'Arien.

(Address) 1502 De Sota Rd.

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sub Dural Hemorrhage, fracture of skull
Accidental fall on the street.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Greenmount Ave & Eager

Did an operation precede death? No, Date of August 19, 1932

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) Otto M. Heinhardt M. D.
Coroner

8/29/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Aug 29 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

82394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82394

CERTIFICATE OF DEATH

REGISTERED NO. 207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital STA. 25-72 WARD

2-FULL NAME Harry S. Biden

(a) RESIDENCE NO 9 Clyde Ave., (Usual place of abode) Sandowne ST., Maryland WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) July 22nd 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Highways
(c) Name of employer: Baltimore County Baltimore Co.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John S. Biden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Maryland

12 MAIDEN NAME OF MOTHER: Sarah Marks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada.

14 Informant: Mabel Biden

(Address): 9 Clyde Ave Sandowne

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by railway train - Accidental

(duration) About 2 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple fractures of Body (duration) About 2 hrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Near home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Guy N. Cromwell, M. D., Coroner

8/26 1932 (Address) 263 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 29th 1932

20 UNDERTAKER: Mc Cook

ADDRESS: 1217 St. Paul St.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-0

82395 6 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82395

26 11 7 6

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 21-24 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Boenzli

(a) Residence: No. 1122 W Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug-19-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Boenzli

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Katharine Buckminster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 29th 1932

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED Aug 29 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25. 1932 to Aug 26 1932

I last saw living on Aug 26 1932 Death is said to have occurred on the date stated above, at 11-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	8-20-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

E 82396 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 82396

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto Gen Hosp. (Street) 18-26 (Ward) 180

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Lohn

(a) Residence: No. 304 W. Carrollton Av (Street) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced RESRAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Jo Lohn

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Ella Bussehe

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT M. Faegenkin

(Address) 919 E. 20th Chicago

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cehran Date 8/29/32, 19

19. UNDERTAKER Jacob Lewis Sons

(Address) 1439 E. Baltimore st

20. FILED 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 - 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 19 32 to Aug 26, 19 32

I last saw h alive on Aug 26, 19 32. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Accident

Burn Degree burns Face & Body. 2 days

Other contributory causes of importance:

Unknown.

Date of onset
2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Injury occurred Aug 26, 19 32

Where did injury occur? 5806 Narcissus Av. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In a private home.

Manner of injury Was one known to have a grudge against deceased. Would not tell.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Leik M. D.
Coroner

(Address) Coroner

M. D. H. 1368-9

82397

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82397

CERTIFICATE OF DEATH

82-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5000 York Road St. 27-48 (Ward)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Ringgold Weatherley

(a) Residence: No. 5000 York Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Feb. 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Wilson Weatherley

14. BIRTHPLACE (city or town) -------
(State or country) Virginia

MOTHER

15. MAIDEN NAME Maria Ringgold

16. BIRTHPLACE (city or town) -------
(State or country) Maryland

17. INFORMANT Miss Lillie P. Weatherley
(Address) 5000 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Govans Date 8/29 19 32

19. UNDERTAKER Hendry W. Meakins Son
(Address) 802 N. Eutaw St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 19 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 19 32 to Aug 25 19 32

I last saw her alive on Aug 25 19 32 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia with Suppression of Urine - Convulsions	
Other contributory causes of importance: Arterio Sclerosis Paralysis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. M. Duncan M. D.

(Address) 5106 York Road

M. D. H. 1268-9

E 82398 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82398

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Tivoly Ave Ward) 9-46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine V. Stockhausen

(a) Residence: No. 2730 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. L. Stockhausen

6. DATE OF BIRTH (month, day, year) Aug 18 72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Chas. F. Kehler

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Anna E. —

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Chas. L. Stockhausen Jr.
(Address) 2636 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 8/30/32

19. UNDERTAKER Philip Herring
(Address) 2016 E Orleans St

20. FILED Aug 30 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1932 to Aug 27 1932, saw h[illegible] alive on Aug 27 1932 Death is said to have occurred on the date stated above, at 6 — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Lungs	—
Other contributory causes of importance:	
Cancer of Breast	1927

Name of operation Breast amputation Date of 1927

What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Hamer M. D.

(Address) 1301 N Calvert St

M. D. B. 1268-9

82399

HEALTH DEPARTMENT—CITY OF BALTIMORE

82399

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 E. Chase St., 7-13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mazie L. Waldman

(a) Residence: No. 1821 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (Write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr 21/83

7. AGE: Years 49 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Veal Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stall in N. E. Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

MOTHER

13. NAME: Amos Waldman

FATHER

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Laura Logue

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Margaret Waldman

(Address) 1821 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 8/29 1932

19. UNDERTAKER: Philip Herwig

(Address) 2016 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from January 12. 1932 to Aug 26. 1932

I last saw h[illegible] alive on Aug 26 1932 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic interstitial nephritis	1 yr
Cerebral Arterio-sclerosis	1 yr
Cerebral Hypertension	12 yrs
Other contributory causes of importance:	
Apoplexy	1 day

Name of operation: Surgical [illegible] Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Greenberg M. D.

(Address) 325 E. North Ave.

Spec.—1-12-23—M&T—500 Bks.

E 82400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82400

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Gilmor ST. 16-22 WARD)

REGISTERED NO. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Raymond Waters.

(a) RESIDENCE NO. 802 N. Gilmor ST., ... WARD Matthews Co Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

PARENTS

10 NAME OF FATHER Garfield Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Dorothy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Dorothy Waters (Address) 802 N. Gilmor

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1932.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1932. to Aug. 27, 1932.

that I last saw h[illegible] alive on Aug. 27, 1932.

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Inflamation of Bowel.

(duration) — yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. H. Pigott, M. D.

8/29 1932 (Address) 1536 W Lafayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn ~~Matthews Co Va.~~

DATE OF BURIAL 8/31 32

20 UNDERTAKER Saml. W. Chase & Son

ADDRESS 608 N. Gilmor

M. D. B. 1268-9

E 82401 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82401

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 1720 ..... Ward) 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jervis White

(a) Residence: No. 1701 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. B.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT James White

(Address) 1701 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Aug 29th 1932

19. UNDERTAKER Archibald F. Ladglis

(Address) 1845 McCulloh St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1932 to 8/26 1932

I last saw him alive on 8/25 1932 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1931
Chronic Nephritis	"
Chronic uremia	"
Chronic urinary retention	"

Other contributory causes of importance:

Prostatic Hypertrophy	unk
Cystitis	
Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 1632 Baker st

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 82402

82402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 East 41st St., 9-47 Ward)

Length of residence in city or town where death occurred (yrs. 52 mos. da. How long in U. S. If of foreign birth? 52 yrs. mos. da.

2. FULL NAME LOUIS GEORGE MUSSBAUER

(a) Residence: No. 729 E. 41st St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Emma Mussbauer

6. DATE OF BIRTH (month, day, year) December 18,1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Manager 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard

10. Date deceased last worked at this occupation (month and year) Feb.1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Moesbauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Wartinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose E. Mussbauer (Wife)

(Address) 729 East 41st Street

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery August 29, 1932

Place Date

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore St. & Broadway.

20. FILED AUG 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932 to Aug 26th, 1932

that saw h[illegible] alive on Aug 26th, 1932. Death is said to have occurred on the date stated above, at 4.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastasis to liver and peritoneum	about Jan 1932

Other contributory causes of importance:

Name of operation Exploratory operation Date of June 1932

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. A. Ward, M. D.

(Address) 309 Mulberry St.

M. D. B. 1268-9

E 82403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82403

CERTIFICATE OF DEATH

66-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. (76-2 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kopelak

(a) Residence: No. 3320 Fait ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Kopelak

6. DATE OF BIRTH (month, day, year) Oct. 26 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis

FATHER

13. NAME Nat. Desmanshalz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Christina Dzubin

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Kopelak
(Address) 3320 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Aug 29. 1932

19. UNDERTAKER Wm. J. Fratkowski INC
(Address) 1000 N. Kenwood Ave

20. FILED AUG 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932 to August 26, 1932

I last saw her alive on August 26, 1932. Death is said to have occurred on the date stated above, at 4 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	Jan, 1932

Other contributory causes of importance:

Diffuse Goitre & Hyperthyroidism

Name of operation Thyroidectomy Rt Lobe Date of 8/25/32

What test confirmed diagnosis? Lab. Tissue BMR. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

INSTRUCTIONS ON BACK OF CERTIFICATE

M. D. B. 1268-9

Bertha L. Kalter

F 82404

82404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 20-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha L. Kalter

(a) Residence: No. 5 Gorsuch St., Apt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred H. Kalter

6. DATE OF BIRTH (month, day, year) July 4 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Crowder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Tobias

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Fred H. Kalter

(Address) 5 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Date 7/30/1932

19. UNDERTAKER E. B. Metzgar Co.

(Address) 1300 E. Lanvale St.

20. FILED 2-8-1932, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1932 to 8-28 1932

I last saw her alive on 8-28 1932 Death is said to have occurred on the date stated above, at 7 30/Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	8/12/32
Post Operative Pneumonia	1917
Cardiac Failure	8/27/32

Other contributory causes of importance:

Appendectomy	1917
Pelvic Abscess	1920

Name of operation Laparotomy Date of 8/17/32

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. S. Fraser M. D.

(Address) Maryland General Hospital

INSTRUCTIONS ON BACK OF CERTIFICATE. ... important.

E 82405

E 82405 30-8-32-10 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (ST.) (WARD) 9 Orleans

2-FULL NAME John C. Weber.

(a) RESIDENCE NO. 2540 W. Fayette St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Lillian Weber.

6 DATE OF BIRTH (month, day, and year) August 10, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John C. Weber.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George H. Weber. (brother)

(Address) 2809 W. Baltimore St.

15 Filed Aug 29 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2540 W. Fayette St. August 25, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) Otto H. Leinhardt, M. D. Coroner

8/26/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 8/29/32

20 UNDERTAKER: P. J. Wappel — ADDRESS: 1850 W. Pratt St

TION is very important See instructions on back of certificates.

Spec.—I-30—M. & T.—250 Bks

E 82406

E 82406 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) 2435 E Lafayette Ave (St.) 8-16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Lampley

(a) RESIDENCE NO. 2435 E Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of John C. Lampley

6 DATE OF BIRTH (month, day, and year) Nov 7, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Germany - Unknown

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Jena Rinbarkmeyer
(Address) 2435 Lafayette Ave

15 Filed AUG 31 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28, 1932

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1931 to August 28, 1932, that I last saw h[illegible] alive on August 28, 1932, and that death occurred, on the date stated above, at 215 A m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Cerebral Arteriosclerosis
Cerebral Hypertension
(duration) 1 yrs. mos 27 ds.
CONTRIBUTORY (Secondary) Cholethiasis
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Albert C Traveling M. D.
8/28 1932 (Address) 2025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emanuel Cem

DATE OF BURIAL Aug 30 1932

20 UNDERTAKER John Ulrich

ADDRESS 2108 Allendale

Spec.—8-16-29—L. F. S.—100 Bks.

E 82407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82407

CERTIFICATE OF DEATH

87-002

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 600 S. Chapel Gate) (Street) (WARD) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Elizabeth Leist

(a) RESIDENCE NO. 600 S. Chapel Gate Lane (Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 4 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Frederick Leist

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Charlotte Weikel

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Anna C. Leiling (Address) 600 S. Chapel Gate Lane

15 Filed Aug 29 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26/32

17 I HEREBY CERTIFY, That I attended deceased from Jany. 1932 to Aug. 26, 1932, that I last saw h[illegible] alive on Aug. 21, 1932 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Nervous Prostration
Temporarily Insane Dynamic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Vascular Lesions.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Blackmail, M. D.

8/26, 1932 (Address) 1690 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Aug 29 1932
20 UNDERTAKER	ADDRESS
Wm. J. Tucker	Dead North & Pa

M. D. B. 1268-9

E 82408 HEALTH DEPARTMENT—CITY OF BALTIMORE 82408

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 N. Fulton Ave (St.) (Ward) 4-27

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund Thomas Leonard Sr.

(a) Residence: No. 307 N. Fulton Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary D. Leonard

6. DATE OF BIRTH (month, day, year) May 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Edmund T. Leonard

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Annie M. Larrimore

16. BIRTHPLACE (city or town) (State or country) Easton Md.

17. INFORMANT Mrs. Mary D. Leonard

(Address) 307 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Aug 29 1932

19. UNDERTAKER Wm. J. Eichner & Sons

(Address) North & Paines.

20. FILED AUG 30 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1932 to Aug 27, 1932

I last saw h[illegible] alive on Aug 26, 1932 Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1925
Arterio-Sclerosis	1925

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Owen Moores, M. D.

(Address) University Hospital

M. D. B. 1268-8

82409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82409

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St., 76-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Rode

(a) Residence: No. Eastern Ave and Eastern St., Rolling Mill Road Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Rode

6. DATE OF BIRTH (month, day, year) 7-31-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Fred Nichols

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Catherine Stein

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date aug 29, 1932

19. UNDERTAKER George W. Sickler

(Address) 1737 E Eastern Ave

20. FILED 8-29-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1932 to 8-26-1932

I last saw h lt alive on 8-26-1932 Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum with hemiplegia and bulbar palsy	8-20-32
Other contributory causes of importance:	
Bronchopneumonia	8-22-32

Name of operation No Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) 8-27-32 Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. R. 1268-9

E 82410

E 82410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2912 Rueckert Ave. St. 27-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Humberg

(a) Residence: No. 2912 Rueckert Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lily A. Humberg

6. DATE OF BIRTH (month, day, year) Oct. 26 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist 055

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Charles B. Humberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Foss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lily A. Humberg
(Address) 2912 Rueckert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Aug. 29 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from August 17 1932 to Aug 25 1932
I last saw him alive on Aug 25 1932 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia (8/18/32)	8/25/32
Cardio vascular-renal (arteri-sclerosis - attend hypertension) Chr. Nephritis	6 yrs
Other contributory causes of importance: (Benign) Hypertrophied Prostate	1 1/2 yrs

Name of operation No Date of —

What test confirmed diagnosis? Urine + Blood pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis H. Krumrein M. D.

(Address) 722 N. Kenwood Ave

INSTRUCTIONS ON BACK OF CERTIFICATE. ... important.

M. D. B. 1268-9

E 82411

82411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19-28 St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Henry Follmer

(a) Residence: No. 315 S Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 week	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Follmer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Daisy Simmons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 30th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED AUG 29 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 . 1932 to Aug 27 . 1932

I last saw h— alive on Aug 27 . 1932 Death is said to have occurred on the date stated above, at — p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	8-19-32
Acute Intestinal disturbance (diarrhea)	8-24-32
	over
Other contributory causes of importance: Umbilical infection	8-7-32

Name of operation ..... Date of .....

Whnt test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Dnte of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H. Washington M. D.

(Address) Johns Hopkins Hosp

OBSTETRICAL HISTORY IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 82412 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82412

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 834 N Presstman St. (Ward) 15-21

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Griffin

(a) Residence: No. 834 N Presstman St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year): Jan 13 1904

7. AGE: Years 25 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year): 2 da

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ann Brooks

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Cora Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ella Stringfellow

(Address) 834 N Presstman

18. BURIAL, CREMATION, OR REMOVAL: Interred Ga

Date 8/29/32

19. UNDERTAKER: Archibald A. Griffin

(Address) 834 N Presstman

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19 .....

I last saw h alive on July 26 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Decubitus

Date of onset

Other contributory causes of importance:

Name of operation: Ligation Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Falk Coroner M. D.

(Address) Coroner

M. D. B. 1265-9

E 82413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82413

CERTIFICATE OF DEATH

V53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Tucker

(a) Residence: No. 1813 Park St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Cook Tucker

6. DATE OF BIRTH (month, day, year) July 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	68	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Tucker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Hill

16. BIRTHPLACE (city or town) (State or country) Hill

17. INFORMANT Mrs. E. C. Tucker
(Address) 1813 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug. 29, 32

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Aug 29 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1932 to Aug 26 . 1932
I last saw h. alive on 8-26 . 1932 Death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of spine	
Prostatic Hypertrophy.	

Other contributory causes of importance:

Broncho-pneumonia
Myocardial Failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. R. Cohen . M. D.

(Address) Sinai Hospital.

M. D. B. 1268-9

E 82414

E 82414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 25-73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Brohawn Ave St.) (Ward) 25

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Gable

(a) Residence: No. 2503 Brohawn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Gable

6. DATE OF BIRTH (month, day, year) Oct. 15, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Adam Gebb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Einolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles H. Gable
(Address) 2503 Brohawn Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Cemtry Date Aug. 29, 19 32

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1932 to Aug. 26, 1932

I last saw her alive on Aug 26, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease. (Endocarditis)

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of 26

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24a. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm A. Stevens M. D.

(Address) 1901 Bruffin Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82415

HEALTH DEPARTMENT—CITY OF BALTIMORE 82415

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH Union Memorial Hosp. St., 12-49 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Wm. P. Wagner

(a) Residence: No. Tuscany Apts St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dixie S. Wagner

6. DATE OF BIRTH (month, day, year) Sept. 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	12 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr. Wm. P. Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stevens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Thomas J. L. Wagner

(Address) 435 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date Aug. 27, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1932 to Aug. 28 1932

I last saw h.. alive on Aug 28 1932. Death is said to have occurred on the date stated above, at 7:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic myocarditis	1926
Myocardial insufficiency	

Other contributory causes of importance:

Emphysema & Cirrhosis

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Mary S. Nevitt M. D.

(Address) Union Mem. Hosp.

M. D. B. 1268-9

82416 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82416

CERTIFICATE OF DEATH

94-002 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital St., Ward) 12-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Eckles

(a) Residence: No. 1636 North Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Henry W. Eckles

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Mary Jane Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. E. Heckle
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug. 29, 1932

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED [illegible], 19[illegible] [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1932 to August 26, 1932
I last saw him alive on August 26, 1932 Death is said to have occurred on the date stated above, at 8:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	August 26 1932
Other contributory causes of importance: Arteriosclerosis	unknown
Hypertension	"

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Marcus L. Heckle M. D.
(Address) Union Memorial Hospital

M. D. B. 1268-9

Lutman

E 82417

HEALTH DEPARTMENT—CITY OF BALTIMORE

82417

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 1300 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Lutman

(a) Residence: No. 1518 Baldwin St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Lutman

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Annie Coker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Lutman

(Address) 3431 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

St Mary's, Hampden Date Aug 30, 1932

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Eastern Ave.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/18/32, 1932 to 8/27/32, 1932

I last saw him alive on 8/26/32, 1932. Death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lower l. p.	Unknown

Other contributory causes of importance:

Cardiac failure	"

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John C. Fowler M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

E 82418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82418

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4232 Falls Road St. 13-57 (Ward)

Registered No. .....
(If death occurred in a hospital or institutinn, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John K. Hubbard

(a) Residence: No. 4232 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the wnrd)
M.	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hubbard

6. DATE OF BIRTH (month, day, year) Dec 16 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry nr business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last wnrked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jesse Hubbard
(Address) 1300 Waldon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Forbes, Hampden Date Aug 29 1932

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Chestnut Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Jolonular Disease of Heart — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John F. Downes, M. D.
Coroner

(Address) 3632 Clarks Ln

M. D. B. 1268-9

82419

E 82419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Sycamore Ave) (Ward) 13-57

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jamie R. Heflin

(a) Residence: No. 1321 Sycamore Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Heflin

6. DATE OF BIRTH (month, day, year) June 24 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Heflin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Lillie Heflin.
(Address) 1321 Sycamore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Aug 31, 1932

19. UNDERTAKER C.H.C. Inc.
(Address) 3615 Eastern Ave.

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1932, to Aug 29, 1932
I last saw him alive on August 28, 1932. Death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Cystitis~~	
Cardiac Failure	
Other contributory causes of importance:	
Uremia	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. D. Frantz M. D.

(Address) 1123 St. Paul St

82420

HEALTH DEPARTMENT—CITY OF BALTIMORE

82420

CERTIFICATE OF DEATH

94-002

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Crystal Ave St. E-17 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 58 yrs. ..... mos. ..... ds.

2. FULL NAME Thomas F Dougherty

(a) Residence: No. 1704 Crystal Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Rose A Dougherty

6. DATE OF BIRTH (month, day, year) 6-12-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Richard J Dougherty
(Address) 1704 Crystal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Park Date 8-30 1932

19. UNDERTAKER Albert Smith Jr
(Address) 1604 Chesty Street

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1932

I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to August 26, 1932

I last saw him alive on August 24, 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

coronary thrombosis — Date of onset 8/26/32

Other contributory causes of importance:

arteriosclerosis (duration 2-3 yrs)

Name of operation None Date of .....

What test confirmed diagnosis Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) 206 E Preston St

Instructions for filling out this certificate are printed on back of certificate.

M. D. B. 1268-9

F. 82421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-82421

26379

35 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Scott

(a) Residence: No. 1640 Miller St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ruth King

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 8/29, 1932

19. UNDERTAKER Payne & Sanders
(Address) 1443 E. Preston St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Aug 27, 1932

I last saw her alive on August 27, 1932 Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	Aug 1, 32
Heart Failure	
Pneumia, terminal	
Pulmonary abscess, terminal	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [redacted] M. D.

(Address) [redacted]

M. D. B. 1268-9

8-24022-59

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82422

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 19-27 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phyllis Vaughan

(a) Residence: No. 333 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec-20-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Vaughan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mildred Conway

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Aug 30, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED Aug 30, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1932 to Aug 27, 1932

I last saw h[illegible] alive on Aug 27, 1932. Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Meningitis	8/25/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

82423-9

Schlech

ME 82423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2nd Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Anna Schlech

(a) Residence: No. 1606 Shakespeare St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schlech

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT John Schlech
(Address) 832 N. Chester

18. BURIAL, CREMATION, OR REMOVAL
Place Loudan Pk. Date Aug 29 1932

19. UNDERTAKER Hueb Gerich & Son
(Address) 1706 E Monument

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from unguy, 19.. to ....., 19.. I last saw h alive on unguy, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured pelvis, Fractured right ribs Shock	8/26/32
Other contributory causes of importance: 1 Automobile Accident	8/26/32

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/26, 1932

Where did injury occur? Broad & Shakespeare St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while she was crossing Broad at Shakespeare

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Sokony Coroner M. D.

(Address) 2200 E Madison St

M. D. H. 1568-9

E 82424 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 W. Lexington St. 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M. Mouse

(a) Residence: No. 727 W. Lexington St., ... Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Peter Mouse

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary M. Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Peter H. Mouse

(Address) 2359 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Aug 30. 193

19. UNDERTAKER Edw. Tasker

(Address) 1600 Pitts Ave

30. FILED ... 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so specify ...

(Signed) Eugene Zollers M. D.

Coroner

(Address) 2359 Eastern Ave

E 82425 A Co. 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-802

E 82425

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No.) St. Ward)

2-FULL NAME Lizzie Coleman Smith

(a) RESIDENCE NO. 109 N. Carlton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6 DATE OF BIRTH (month, day, and year): April 6, 1886

7 AGE: Years 46 Months 4 Days 20 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic (Laundress)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm L. Smith

11 BIRTHPLACE OF FATHER (City or town): W. River

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia A. Bowie

13 BIRTHPLACE OF MOTHER (city or town): W. River

(State or country): Md.

14 Informant: Lottie Smith

(Address): 109 N. Carlton St.

15 Filed AUG 29 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 26 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Aug 26, 1932, that I last saw h[illegible] alive on Aug 26, 1932, and that death occurred, on the date stated above, at 12 53 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Postoperative Laparotomy (Hysterectomy)

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-22-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Bradshaw Boggs M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Aug 29, 1932

20 UNDERTAKER: Mrs Kate P. Williams — ADDRESS 322 Schroeder St

(2) DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268

E 82426

E 82426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Berg

(a) Residence: No. 201 N. Rose St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 27 86

7. AGE: Years 11 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Frank Berg

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Aug. 31, 1932

19. UNDERTAKER: Lilly & Zeiler Inc.

(Address) 423 Lexington St

20. FILED: AUG 2 - 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1932 to 8-28, 1932

I last saw h[illegible] alive on 8-28, 1932 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon with regional Metastases	?

Other contributory causes of importance:

Bronchopneumonia	8-24-32

Name of operation: Colostomy Date of: 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hospitals

Frank P. Rothenbuecher

M. D. R. 1268-9

E 82427 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82427

53

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland & Lemmon Sts - St., 6-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank P. Rothenbuecher

(a) Residence: No. 18 N. Ellwood Ave St., 1 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	40	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caddie
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. War
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME August Rothenbuecher
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Buettner
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Doch (Sister)
(Address) 18 W. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL. Date Aug 30 1932
Place Holy Redeemer Cem. Belair Rd & Erdman Ave

19. UNDERTAKER Leo J. McGlynn
(Address) 403 N. Gilmor St.

20. FILED AUG 31 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-18-32 ... 1932 to 8-28-32 ... 1932

I last saw him alive on 8-27-32 ... 1932 Death is said to have occurred on the date stated above, at 11:50 Am.

The principal cause of death and related causes of importance were as follows:

a. Cerebellar Tumor Malignant — Date of onset 1916
b. Type Pathologically Carcinoma Basocellular

Other contributory causes of importance: Marasmus — March 1932
(Contributory)

Name of operation Craniotomy - Excision of Tumor Date of 8-25-32

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ... M. D.

(Signed) S. J. Demarest M. D.

(Address) Maryland & Lemmon Sts.

Instructions on back of certificate.

M. D. B. 1265-a.

E 82428 ✓ E 82428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH St Joe. Hospital

CITY OF BALTIMORE: (No. 1900 N. Caroline St., 10-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E. Maskell

(a) Residence: No. 1113 E. Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas J. Maskell

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel Harper

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Wm. Daniel Maskell

(Address) 1113 E Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Mem. Cathedral Cemy Date Aug 30 1932

19. UNDERTAKER Kenny Hoen & Sons Inc

(Address) 1301 E Eager St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932 to Aug 27 1932

I last saw him alive on Aug 26 1932 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	
Diabetic gangrene rt foot	

Other contributory causes of importance:

Name of operation amputation at thigh Date of 8/25/32

What test confirmed diagnosis? Opn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Young M. D.

(Address) St Joseph Hospital

E 82429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82429

CERTIFICATE OF DEATH

807

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. ..... (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Jerry Housand

(a) Residence: No. 912 Ridgely St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
~~WIFE~~ HUSBAND of Mrs Jerry Housand.

6. DATE OF BIRTH (month, day, year) April 30th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mary E. Housand

(Address) 912 Ridgely st.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Aug 30th 1932

19. UNDERTAKER E. Schlosman Son

(Address) 1039 Hanover st.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-32 19

22. I HEREBY CERTIFY, That I attended deceased from 8-25-32 19 to 8-27-32 19

I last saw him alive on 8-27-32 19 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures of pelvis. Fracture of ribs on the right.	8-25
	8-25
Other contributory causes of importance:	
Myocardial failure.	8-25

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 8-25 1932

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street.

Manner of injury Hit by W. B. & A train.

Nature of injury Multiple fractures.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) David J. C. Hildebrand M. D.

(Address) University Hospital

OBSTETRICAL INFORMATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

B 82430

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82430

CERTIFICATE OF DEATH

98

1. PLACE OF DEATH Balto City Hospitals — Registered No. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... St., 5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John ~~Hanley~~ Hurley

(a) Residence: No. 2840 W. Northern Pkwy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	23 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (x)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Michael Hurley

14. BIRTHPLACE (city or town) (State or country) Salem Mass

MOTHER

15. MAIDEN NAME Henrietta Hobbs

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 30. 1932

19. UNDERTAKER Martin Talbert & Sons
(Address) 1827 W. Northern Pkwy.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1932 to 8-27 1932

I last saw him alive on 8-27 1932 Death is said to have occurred on the date stated above, at 1 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene left leg -	7-28-32
Diabetes Mellitus	
Septicemia	
Other contributory causes of importance:	
Myocardial failure	8/28/32

Name of operation Leg amputation Date of 8-10-32

What test confirmed diagnosis C.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Lebaron M. D.

(Address) Balto City Hospitals

E 82431 — 50L

E 82431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter G. Dorsey

(a) RESIDENCE NO 134 S. Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31-10

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Benj W. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle C. Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Benj W. Dorsey

(Address) 134 S. Bouldin St

15 Filed AUG 29 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull accidental
Cerebral Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Middle River Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) C. C. Negus M.D., M. D.
Coroner

, 19 (Address) 1305 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 8/30 1932

20 UNDERTAKER Philip Hennig — ADDRESS 2016 Orleans St.

TION is very important. See instructions on back of certificate. ...ny of property changed. Exact statement of OCCUPA-

M. D. B. 1268-9

E 82432

E 82432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 S. Gilmor St. 19-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Brennan

(a) Residence: No. 121 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Brennan

6. DATE OF BIRTH (month, day, year) October 5, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Michael Donoghue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Connolly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. George R. Brennan

(Address) 121 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Aug 30" 32 19

19. UNDERTAKER Joseph B. Cook

(Address) 1023 W. Baltimore St.

Huntington Maryland, N.Y.

20. FILED SEP 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to Aug. 27, 1932

I last saw her alive on Aug. 27, 1932 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	4/1/32

Other contributory causes of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. A. Boston, M. D.

(Address) 828 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 82433 ✓ E 82433

HEALTH DEPARTMENT—CITY OF BALTIMORE

130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Eden St. ST. 10-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda McGruder

(a) RESIDENCE NO. 920 N. Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Divorced

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Modecai McGruder

6 DATE OF BIRTH (month, day, and year) March 25 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic 037

(c) Name of employer Herself. Baltimore Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Danby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Jane Hunsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Laura Bolden (Address) 920 N. Eden St.

15 Filed AUG 29 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26th 1932

17 I HEREBY CERTIFY, That I attended deceased from 10 Feb. 1932 to 26 Aug. 1932

that I last saw h[illegible] alive on 9 4 1932

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uremia several weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Chemical & clinical

(Signed) E. Mayfield Boyle, M. D.

28/8/1932 (Address) 102 N. Caroline Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 8-29 1932

20 UNDERTAKER Byron & Mamie Wright

ADDRESS 1 & McCoderry Ps

AACo. 5-11 250R

E 82434

E 82434 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Burke

(a) Residence: No. Mt Hope Retreat St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) New York
(State or country) N.Y.

FATHER

13. NAME T. Burke

14. BIRTHPLACE (city or town) Galway
(State or country) Ireland

MOTHER

15. MAIDEN NAME Maria Woodcock

16. BIRTHPLACE (city or town) Ayr Co Cork
(State or country) Ireland

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cem. Date August 30 1932

19. UNDERTAKER Leonard F. Mooney Company
(Address) 1218 W. North Ave

20. FILED 1932 Huntington Williams, N.J.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to Aug 28, 1932

I last saw h[illegible] alive on Aug 27, 1932 death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis (Cardiac Insufficiency)	?
Other contributory causes of importanec: Senile dementia	3 yrs

Name of operation None Date of ...

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Milton P. Hill, M. D.
(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

F 82435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82435

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1935 E Monument St., 7-4 Ward)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Balthaune Sturm
(a) Residence: No. 1935 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E Sturm

6. DATE OF BIRTH (month, day, year): Oct. 15 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: William Rattenbach
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Sophia Bessell Germany

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Aug 30 1932

19. UNDERTAKER William G Schaeffer
(Address) 1816 E Monument St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to Aug 26 1932
I last saw her alive on Aug 26 1932. Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder.	May 1932
Other contributory causes of importance: Carcinoma of liver	July 1932

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. P. Geraghty M. D.
(Address) 225 N Paca St

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82436

CERTIFICATE OF DEATH

93003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. Chase St. 10-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Gahan

(a) Residence: No. 721 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) April 25 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Texas Baltimore Md

FATHER

13. NAME Patrick E. Gahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth McGinnis

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT M. J. Gahan

(Address) 721 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 30. 1932

19. UNDERTAKER Vernon Kepner

(Address) 532 Hollins

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to June 2 1932

I last saw him alive on Aug 27 1932 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris 1st attack at 9 P.M. Aug 26/32	12 hours
Chr. Myocarditis (Had it in May 1932	(?)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. R. Geraghty M. D.

(Address) 2225 St Paul St

OCCUPATION IS very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82437 E 82437. E 82437 51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore md St., 5-K Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. H. Johnson

(a) Residence: No. 1151 Mc Cleary St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day, hrs. or min.
7. AGE	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Aug 31 1932

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans St

20. FILED 1932 Huntington Ave Baltimore, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1932 to 8-27 1932

I last saw him alive on 8-27 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypernephroma	12-1-31
	8-25
	?

Other **contributory causes** of importance Metastasis to lungs Spine & ribs

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

8-29-32 (Signed) Elmer Hitchcock M. D.

(Address) Baltimore City Hospitals

OBSERVATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 82438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82438

CERTIFICATE OF DEATH

23

Registered No. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 Druid Hill St.) (Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Filmore Tilghman

(a) Residence: No. 250 Druid Hill St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy

6. DATE OF BIRTH (month, day, year) April 2-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dorothy Tilghman

(Address) 250 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/29/32

19. UNDERTAKER Mrs George H Collard

(Address) 1312 Eutaw Pl Ave

20. FILED AUG 29 1932, 19 R.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from about June 1, 1932 to Aug 26, 1932

I last saw him alive on Aug 24, 1932 Death is said to have occurred on the date stated above, at 6.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C Thomas M. D.

(Address) 1216 E. Preston St.

M. D. B. 1268-9. FOR INSTRUCTIONS OF BACK OF CERTIFICATE.

1-30—M. & T.—100 B—50L

E 82439

E 82439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 11-15 WARD)

2-FULL NAME Elizabeth S. Jenkins.

(a) RESIDENCE NO. 811 N. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married ~~WIDOWED DIVORCED~~ (or) WIFE of M. Courtney Jenkins.

6 DATE OF BIRTH (month, day, and year) April 13, 1890.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis X. Jenkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel, Md.

12 MAIDEN NAME OF MOTHER Laura Talbot.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel, Md.

14 Informant M. Courtney Jenkins. (husband)

(Address) 811 N. Charles St.

15 Filed AUG 29 1932 Registrar Huntington Williams M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 811 N. Charles St. August 27, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinhardt, M. D. Coroner

8/29/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem

UNDERTAKER Henry W. Jenkins Sons Co,

DATE OF BURIAL 8-30 1932

ADDRESS Orchard & McCulloh

TION is very important See instructions on back of certificates.

1-30—M & T—100 B—50L

E 82440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82440

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Square Hospital (Street) Ward

REGISTERED NO. 1937

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina V. Coyle

(a) RESIDENCE No. Hazel Ave, Raspburg (Usual place of abode) St., WARD Balto. Co. Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Hugh Coyle

6 DATE OF BIRTH (month, day, and year): Feb. 4, 1895

7 AGE — Years: 37 | Months: 6 | Days: 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —037
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Adam Kelling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Drexler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hugh Coyle

(Address): Hazel Ave, Raspburg

15 Filed: 2-9-1932, 192 Huntington Williams N.E. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion + Self induced by an instrument (character of which is unknown) about 8 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis about 3 ds.
(duration) yrs. mos.

18 Where was disease contracted if not at place of death? 1203 Cathedral St.

Did an operation precede death? Yes Date of 8/26/32

Was there an autopsy? No

What test confirmed diagnosis? Operation + Physical findings

(Signed) Guy V. Cromwell M. D. Coroner

8/29 1932 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Aug 30 1932

20 UNDERTAKER: Leo D. Cook

ADDRESS: 1723 Patterson park ave

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

M. D. B. 1268-9

E 82441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82441

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Warren Ave St., 27-33 48 Ward)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hubbard

(a) Residence: No. 104 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank H. Hubbard

6. DATE OF BIRTH (month, day, year) Dec. 1-1876.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) June 20/1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Francis Sohl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline Sohl

(Address) 104 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug. 31, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

29 1932 , 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1- 1929 to Aug 28. 1932

I last saw her alive on Aug 27 1932. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Uterus	1929
Other contributory causes of importance:	
Metastasis and Exhaustion	June 1932.

Name of operation Amputation of Cervix Date of Apr/29

What test confirmed diagnosis? Scopt. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) G. E. Beyston M. D.

(Address) 301 E. Lowe St.

Spec.—9 30—A. & Co.—250 Bks.

82442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82442

CERTIFICATE OF DEATH.

94-001

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 N. Fremont St. 16-22 WARD

2-FULL NAME Frederick Glaser

(a) RESIDENCE No. 1922 N. Fremont St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Finn Glaser

6 DATE OF BIRTH (month, day, and year) Dec 2nd 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber by Trade

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Jim Lee, Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Casper Glaser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clementina Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Elizabeth Glaser
(Address) 1922 N. Fremont St

15 [illegible] 19 Huntington Williams, N.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28 1932

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1930, to Aug 28th, 1932

that I last saw him alive on June 26, 1932

and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. H. Sommer M. D.

Aug 28 1932 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 8 31 1932

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson Ave

FILED 29 1932

INSTRUCTION IS very important. See instructions on back of certificates.

AaCo. 8-31 250B

E 82443 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82443

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH Num. Balto. Gen'l. Hospital (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-18 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ~ mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irving Newman

(a) Residence: No. Manchester Md. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Newman

6. DATE OF BIRTH (month, day, year) April 23, 1903

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	29	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asphalter-Pt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tromanhe Co.
10. Date deceased last worked at this occupation (month and year) Feb. 1932. 11. Total time (years) spent in this occupation 5 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Newman.
14. BIRTHPLACE (city or town) (State or country) Rochester, Russia

MOTHER

15. MAIDEN NAME Minnie Pepperkorn.
16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Joseph Newman. (Address) 3417 Elmora Ave Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Place Manchester Md Date Sept 1st 1932

19. UNDERTAKER Jacob Wm. Bair Sons (Address) Manchester Md

20. FILED Sept 2 1932 Huntington Wm. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Aug, 1932

I last saw him alive on 8/27, 1932 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Third Degree Burns	Aug. 1932
Other contributory causes of importance: Underlying Nitration Extensive Decubitus Ulcers Generalized Amyloidosis & Pyemia	About

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, (specify) .....

(Signed) I. Newman M. D.

(Address) Court & Bentz.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 8244 ✓ 120 E 82444

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1305 W. Ostend St. 21-29 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William H. Waibel

(a) Residence: No. 1305 W. Ostend St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5. 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3.	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August R. Waibel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Arleen L. Bailey

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT August R. Waibel
(Address) 1305 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 30. 1932

19. UNDERTAKER Jno. F. Mrs. Jno. M. Tuffy & Son
(Address) 861 W. Fayette St.

20. FILED Aug 31 1932 19 Huntington Village, N.Y. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/26/32, 19.... to 8/28/32, 19....
I last saw h.. alive on 8/28/32 death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Meningitis	1 Day
Other contributory causes of importance:	
Enteritis	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
Address .....

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82445

E 82445

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Hampton

(a) Residence: No. 1025 N. Gilmore St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geneva Hampton

6. DATE OF BIRTH (month, day, year) March 27 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME John Hampton

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Geneva Hampton

(Address) 1025 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Auburn Cem 8-30 1932

19. UNDERTAKER George P. Eichon

(Address) 1736 Pennsylvania Ave

20. FILED 8-29-1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy, 19

I last saw h alive on injury & autopsy, 19 Death is said to have occurred on the date stated above, at injury & autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	8/27/32
Other contributory causes of importance:	
Mv Automobile Accident	8/27/32

Name of operation Craniotomy Date of 8/27/32

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/27 1932

Where did injury occur? Philadelphia Rd nr Abingdon (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury auto in subway

Nature of Injury was riding w/ accident auto struck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Sikorny, M. D. Coroner

(Address) 2200 E Madison St

1-30—M & T.—100 B—50L

E 82446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82446

CERTIFICATE OF DEATH

121

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. WARD

2-FULL NAME Sylvia V. Bowers

(a) RESIDENCE NO 7 W. Woodington Road WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter T. Bowers

6 DATE OF BIRTH (month, day, and year) June 22, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Frederick L. Heiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mamie A. Tudor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Walter T. Bowers

(Address) 7 Woodington Road

15 Filed Aug 30, 1932 Hunter Williams, N.H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Post Operative Shock
Acute Dilitation of Heart

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) None that I know of

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 8/27/32

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy physical

(Signed) Guy N. Thomas M.D. Coroner

8/29 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 8/30 1932

ADDRESS

20 UNDERTAKER Harry F. Corbyn 4101 Edmondson Ave

REVERSE SIDE—FOR INSTRUCTIONS ON BACK OF certificates.

1-30—M. & T.—100 B—50L

82447

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82447

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. WARD

2-FULL NAME Harry E. Burck, Sr.

(a) RESIDENCE NO 1734 Marshall ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lucille Burck

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. R.
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Burck
11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Annie E. ...
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Lucille Burck
(Address) 1434 Marshall St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
unknown (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Uraemic Coma (duration) ... yrs. mos. 2 3 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Physical & Clinical Examination

(Signed) Guy W. Cromwell M. D. Coroner
8/29, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Aug 31 1932

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Hoffman

TION is very important See instructions on back of certificate. Exact
OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

B 82448

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82448

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1537 Marshall St. 23-34 Ward

Length of residence in city or town where death occurred 68 yrs. 7 mos. 24 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Ray.

(a) Residence: No. 1537 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Ray.

6. DATE OF BIRTH (month, day, year): Jan 2-1864

7. AGE: Years 68 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: William Benson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Francis A. Johnson

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Mrs. Preston
(Address) 1533 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 30, 1932

19. UNDERTAKER: L. Howard Evans.
(Address) 38 E. Lan[illegible] Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1931 to August 26, 1932

I last saw her alive on August 26, 1932. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver (non alcoholic) (Indefinite)	
Other contributory causes of importance:	
Exhaustion	8.24. 32

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (If suspected)

(Signed) R. F. Campbell M. D.

8/27/32 (Address) 1644 Hanover Street

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

82449 264250 HEALTH DEPARTMENT—CITY OF BALTIMORE 82449

CERTIFICATE OF DEATH

145-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-16 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rita Petruskevich

(a) Residence: No. 2528 E Oliver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): Nov 7 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W. 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Geo. Webster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Florence Bramble

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 8/31/32

19. UNDERTAKER: Philip Hennig & Sons
(Address) 206 Orleans St.

20. [illegible] Williams, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-25, 1932 to Aug-28, 1932

I last saw her alive on Aug-28, 1932 Death is said to have occurred on the date stated above, at 7.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	Aug 25/32

Other contributory causes of importance:

Generalized Peritonitis	Aug 27/32
Puerperal Infection	July 26/32

Name of operation Mid forceps delivery with episiotomy Date of Aug 25 32

What test confirmed diagnosis Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Roger H. Jack, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

SEP 1 1932

M. D. H. 1268-0

E 82450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82450

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Boarman ave St., 15-58 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Sanford Meisberg

(a) Residence: No. 2538 Boarman ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mr.	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Leon M. Meisberg

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Lillian Lemler

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Leon M. Meisberg
(Address) 2538 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Washington Rd Date 8-30-32

19. UNDERTAKER Jack Levin Inc
(Address) 1412 E. Baltimore St

20. FILED AUG 31 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchial Asthma	
Home accidentally	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Schreiner M. D.
Coroner

(Address) 2132 Poland

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

82451

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82451

CERTIFICATE OF DEATH.

106-002

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 3109 Fredk ave ST. 70-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherina Hoepner

(a) RESIDENCE NO. 3109 Fredk ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1857

7 AGE: Years 75 | Months 5 6 | Days 6 28 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Caspar H. Hoepner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Margaret Gumbinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Lydia E. Boehmer (Address) 3109 Fredk Ave.

15 Filed AUG 30 1932 . 19 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28th 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 , 1931 , to Aug 28 , 1932 ,

that I last saw h a alive on aug 27 , 1932

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Gaston Dill, M. D.

Aug. 28, 1932 (Address) 1933 N. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery. DATE OF BURIAL: Aug. 31st 1932

20 UNDERTAKER: Charles W. Dill. ADDRESS 3109 Fredk Ave.

THIS is very important See instructions on back of certificates.

M. B. B. 1268-9

82452 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82452

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thaford Poole

(a) Residence: No. 326 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: [illegible]

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years: 39 | Months: | Days: 22 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Johns Hopkins Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Elizabeth City N.C. Date Aug 31 1932

19. UNDERTAKER: Samuel W. Frank & Son
(Address) 635 N. Eutaw St

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible]

I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Name of operation: None Date of: None

What test confirmed diagnosis: [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 82453 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82453

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-17 Ward)
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Harry Wise
(a) Residence: No. 2326 E. Madison St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Wise

6. DATE OF BIRTH (month, day, year) July 1-1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER
13. NAME Ferdinand Wise
14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Emma Wise
(Address) 2326 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Aug 31. 1932

19. UNDERTAKER Geo. Rullerton
(Address) 2324 Jefferson St

20. FILED AUG 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27. 1932 to Aug. 28. 1932
I last saw h.. alive on Aug. 28. 1932 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	
Hypertension	
Arteriosclerosis	
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Cohen M. D.
(Address) Sinai Hospital

1-30—M. & C.—100 B—50L

82454

E 82454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 √

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Comb Alley. ST. 22-30 WARD

2-FULL NAME Henry Strenge.(C)

(a) RESIDENCE NO 608 Comb Alley. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Leola Strenge.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore. 01
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Thomas Strenge.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Maggie Clarke.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Thomas H. Strenge.(C) Brother.
(Address) 608 Comb Alley.

15 Filed 3 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Uraemia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhart, M. D. Coroner

8/29/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Aug 31 1932

20 UNDERTAKER James A. Hayes

ADDRESS 142 W. Hill St

TION is very important. See instructions on back of certificate. Exact statement of OCCUP

M. D. B. 1268-9

E 82455 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82455

CERTIFICATE OF DEATH

95-002
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 603 Pierce St. 17-7th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertina E. Williams
(a) Residence: No. 603 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME George Williams
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Georgiana Morgan
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Williams (Father)
(Address) 603 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Mem. Park Date 8-30 1932

19. UNDERTAKER Jesse M. Tredden
(Address) 436 N. Bridge St

AUG 30 1932

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency	
Other contributory causes of importance	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D. Coroner
(Address) ...

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 82456 (4-T – 1500 Blks.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82456

CERTIFICATE OF DEATH.

23

REGISTERED NO. 13-52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Weldon Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cathel Mae Bramble

(a) RESIDENCE NO. 1101 Weldon Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Mr

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Bramble

6 DATE OF BIRTH (month, day, and year) Oct 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hurlock, Md.

PARENTS

10 NAME OF FATHER Chas. Corkran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hurlock, Md.

12 MAIDEN NAME OF MOTHER Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hurlock, Md.

14 Informant James E. Bramble (Address) 1101 Weldon Ave.

15 Filed AUG 30 1932, 19 Huntingdon, Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Sept.~~ August 29, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1929, to Aug. 29, 1932, that I last saw her alive on Aug. 29, 1932, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema
Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tb.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs, X ray

(Signed) J. H. Wadin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hurlock Md Via Auto — DATE OF BURIAL Aug 31 1932

20 UNDERTAKER John F. Denny — ADDRESS 715 Eagle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

82457 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82457

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital — Registered No. 1120

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Millie Ward

(a) Residence: No. 1412 N. Mount St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hos Daniel E Ward

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Va

FATHER

13. NAME Richard Foster

14. BIRTHPLACE (city or town) (State or country) Warrenton Va

MOTHER

15. MAIDEN NAME Lucy Stewart

16. BIRTHPLACE (city or town) (State or country) Warrenton Va

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date Aug 30 1932

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St

Registrar.

FILED AUG 3 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1932, to 8-27, 1932

I last saw her alive on 8-27, 1932. Death is said to have occurred on the date stated above, at 4:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis	6/1/32
Other contributory causes of importance: Perforation Bowel (Ulcer	8/26/32

Name of operation No Date of ...

What test confirmed diagnosis Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Wm. Byrne Jr. M. D.

(Address) Balto City Hospital

M. D. B. 1268-9

E 82458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82458

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 17-25 Ward) 13 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Wicks

(a) Residence: No. 906 Shield St St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) 4-15-?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	— 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union Co. S.C.

FATHER

13. NAME Lee Wicks

14. BIRTHPLACE (city or town) (State or country) Union Co. S.C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Union Co S.C. Date 8/31, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st.

20. FILED AUG 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1932 to 8-29, 1932

I last saw h live on 8-24, 1932 Death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Exacerbation of chronic nephritis	8-25-32
Other contributory causes of importance: Bronchopneumonia	8-25-32

Name of operation None Date of —

What test confirmed diagnosis? Clin. Cas. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

8-29-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82459 ✓59 E 82459

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 503 Ward) 15-62

Length of residence in city or town where death occurred 53 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr John B. Cook

(a) Residence: No. 3406 Cedardale Rd St., ... Ward. Hull - 503
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of E. Evelyn Cook

6. DATE OF BIRTH (month, day, year) July 4. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatre owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motion Picture Theatre

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Eugene Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary M. Markley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John B. Cook
(Address) 3406 Cedardale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Wood Ridge Date Aug 31. 1932

19. UNDERTAKER Frank L. Fox
(Address) 1600 W. Saratoga St.

Registrar.

AUG 30 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-28 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 . 1932 to Aug 28 . 1932

I last saw him alive on Aug 28 . 1932. Death is said to have occurred on the date stated above, at 8.20 pm.

The principal cause of death and related causes of importance were as follows:

~~Bronchitis~~ Subacute Bacterial Endocarditis with Septicaemia (Strep. Viridans or Pneumococcus) — Date of onset July - 1932

Other contributory causes of importance: Subacute bacterial endocarditis — Date of onset July 1932
Bronchitis — " "
Myocardial Failure with congestion of lungs & liver — years
Diabetes Mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert W. Sarle . M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82460

CERTIFICATE OF DEATH

46 VE 82460

Registered No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3827 Barrington Road St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lampert

(a) Residence: No. 3827 Barrington Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Sept. 3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper, retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. E. R. Stringer
(Address) Glyndon, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug. 31, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1932 to August 28, 1932
I last saw her alive on August 27, 1932 Death is said to have occurred on the date stated above, at 11:10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased
No. If so, specify

(Signed) Maurice L. Shamer, M. D.

(Address) 3300 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82461

CERTIFICATE OF DEATH

93 E 82461

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Charles St. 11-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME James J. Carroll

(a) Residence: No. 901 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Immaculata Ross

6. DATE OF BIRTH (month, day, year) Jan. 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Carroll

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Esther A. Grubb

16. BIRTHPLACE (city or town) (State or country) ------- Virginia

17. INFORMANT Mrs. Imma R. Carroll

(Address) 901 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 9/1 1932

19. UNDERTAKER Henry A. Mears and Son

(Address) 605 N. Calvert St.

20. FILED 8/31/32 Hamilton Willis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1932 to ..... 19.....

I last saw h.im alive on Aug 26th 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Pulmonary Embolism	8.29.32

Other contributory causes of importance:

Chronic Myocarditis & Hypertension	Several years standing

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles O'Donnell Jr. M. D.

(Address) 5 E. Read St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

✓ E 82462

E 82462

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2202 Guilford Ave ST. 12-50 (WARD)

2-FULL NAME Mrs. Alice Vaughan

(a) RESIDENCE NO. 2202 Guilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of Patrick A. Vaughan

6 DATE OF BIRTH (month, day, and year) July 12th, 1866

7 AGE	Years	Months	Days	11 LESS than 1 day..... hrs. or.....min.
	66	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Woman-wife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Keeping house
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Thomas Kilroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Bitzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Patrick A. Vaughan
(Address) 2202 Guilford Ave

15 Filed ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29th, 1932

17 I HEREBY CERTIFY, That I attended deceased from August 29th, 1932, to same, 19....., that I last saw h/s alive on August 29th, 1932, and that death occurred, on the date stated above, at 12:05 A.m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

2 hours.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Senile disease
(duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Louis A. Faulkner, M. D.

8/29, 1932 (Address) 3035 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Aug 31 1932

20 UNDERTAKER Mary M Medford

ADDRESS 301 E 32nd St

TION is very important. See instructions on back of certificates.

1-30—M 4 3—100 B—50L

82463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82463

92-001

CERTIFICATE OF DEATH

REGISTERED NO. 92-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. (or) WARD

2-FULL NAME James Burrell

(a) RESIDENCE NO. 1052 N. Durham ST., WARD

(Usual place of abode) about (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alverta Burrell

6 DATE OF BIRTH (month, day, and year): ? ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	54	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Joseph Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Fannie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Alverta Burrell

(Address): 1052 N. Durham St

15 Filed AUG 30 1932 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Mitral Stenosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Guy N. Cromwell M. D. Coroner

8/28 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: urbanna co. va

DATE OF BURIAL: aug 30 1932

20 UNDERTAKER: Edw. Bryan

ADDRESS: 1632 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-30—M. & T.—100 M—60L

E 82464

HEALTH DEPARTMENT—CITY OF BALTIMORE

M V E 82464

CERTIFICATE OF DEATH

T 210-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-30 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah May Sinnott

(a) RESIDENCE NO Westminster, Md ST., ... WARD Westminster, Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Probably Thomas) Mrs. Sinnott

6 DATE OF BIRTH (month, day, and year) March-30-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thos. J. Anders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ?

14 Informant Mrs. Thomas Sinnott (son)

(Address) Westminster, Md.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Depressed fracture of skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Struck by auto while crossing Main St, Westminster, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D. Coroner

. 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Anders Cem. Westminster — DATE OF BURIAL: Sept 2/32

20 UNDERTAKER Francis Kuse — ADDRESS Westminster, Md

E 82465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-20 W. Lee)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Travers —

(a) Residence: No. 561 Lawens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ ~~WIFE of~~ Mary Travers

6. DATE OF BIRTH (month, day, year) June 25-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McLeary Ga

FATHER

13. NAME Daniel Travers

14. BIRTHPLACE (city or town) (State or country) McLeary Ga

MOTHER

15. MAIDEN NAME Eliz Miller

16. BIRTHPLACE (city or town) (State or country) McLeary Ga

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 8-30 1932

19. UNDERTAKER Henry Edmonds
(Address) 916 Pa ave.

20. FILED ... 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1932

22. I HEREBY CERTIFY, That I attended deceased (from) 8-17 1932 (to) 8-27 1932
I last saw him alive on 8-27 1932 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Edema Soft Palate	8/27
& Ulceration	
Other contributory causes of importance:	
Myocardial failure	8/26

Name of operation No Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Wm Bruce Schaefer M.D.
(Address) Balto City Hosp

M. D. B. 1268-9

E 82466 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82466

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Central Ave St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME Frank. H. Harpe

(a) Residence: No. 1018 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) the late Minnie A. Harpe

6. DATE OF BIRTH (month, day, year) June 25 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Harpe

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Louisa Dietrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frank. H. Harpe

(Address) 1018 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL. Date Sept. 1 1932

Place Mt. Calvary Cemetery

19. UNDERTAKER Henry Koch & Sons, Inc

(Address) 1301 E. Eager St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932 to Aug 29, 1932

I last saw h... alive on Aug 29, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rt Kidney

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Benjamin Lowe M. D.

(Address) 1216 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82467. HEALTH DEPARTMENT—CITY OF BALTIMORE 82467.

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 McCulloh St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Thomas

(a) Residence: No. 1109 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1898.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Royal Oak Md.
(State or country)

FATHER

13. NAME Henry R. Thomas

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Sarah E. Oliver

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Hattie B. Smith
(Address) Ellicott City Rt 61 A

18. BURIAL, CREMATION, OR REMOVAL
Place Royal Oak Md Date Aug 31 1932

19. UNDERTAKER Emmett F. Hackerley
(Address) 578 N. Bigelow

20. FILED ..... 19 41. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Aug 29, 1932
I last saw him alive on Aug 29, 1932 Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset .....

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. C. Peltekian M. D.

(Address) 817 Hamilton Ter

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

M E-82468

E-82468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthew F. Reilly

(a) Residence: No. Sutherville, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Reilly

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Fahey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Reilly
(Address) Sutherville, Md

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph Towsend Date 8/31 19 32

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1316 Linden Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1 to ..... 19 .....
I last saw h... alive on August 29 19 32. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	8/29/32
Other contributory causes of importance: Automobile Accident	8/29/32

Name of operation None Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29 1932
Where did injury occur? Front of 1700 Hanlon St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Auto he was driving in
Nature of injury Fractured base, Sutherville Md

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph P. Kenny Coroner M. D.
(Address) 220 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-D

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82469 E 82469

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lechaldine Hansen

(a) Residence: No. 2400 16th St. N.W. St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov.-24-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME James —
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Amelia Rathing
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Howard City Mich. Date Aug. 30. 1932

19. UNDERTAKER Wm. C. Blake
(Address) 922 N. Broadway

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-13. 1932 to Aug 28. 1932
I last saw her alive on Aug 28. 1932 Death is said to have occurred on the date stated above, at 2 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalo-myelitis	
Other contributory causes of importance:	

Name of operation Biopsy on Mole Date of 8-25-32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. M. Piper M. D.
(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

L 82470 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 131

E 82470

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 2-5-12 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sydney Remach (Mr. Sydney Remach) Remach

(a) Residence: No. 1 Fred. Rd & Montrose St., Ward. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Amelia Remach

6. DATE OF BIRTH (month, day, year) Sept. 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurateur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Amelia Remach
(Address) Frederick Rd. Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 2, 1932

19. UNDERTAKER Easton & Sons
(Address) Edmondson Village

20. FILED Sept 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 27 1932 to August 29, 1932

I last saw h[im] alive on August 29 1932. Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	
Cardiac Insufficiency	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Robert Dyer, M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 82471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82471

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Linwood St. 8-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence G. Cramblitt

(a) Residence: No. 1211 N. Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of John Cramblitt

6. DATE OF BIRTH (month, day, year) Oct 31st 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Winfield Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Cramblitt

(Address) 1211 N. Linwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Aug 31st 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

20. FILED 1932 R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to Aug 29 1932

I last saw her alive on Aug 29 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	March-1932

Other contributory causes of importance:

Name of operation Amputation of Breast Date Mar 23-32

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. B. Boyd M. D.

(Address) 104 W Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9s

E 82472

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 82472

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals 9-43
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor FINCK

(a) Residence: No. 639 E 37th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip Finck

6. DATE OF BIRTH (month, day, year) Aug 4 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Farmer
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elis
16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
PLACE London Park Date Aug 31st 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1932 to 8-28 1932
I last saw her alive on 8-28 1932 Death is said to have occurred on the date stated above, at 11:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix uteri Metastases	

Other contributory causes of importance:

Myocardial failure	8-27-32

Name of operation No Date of

What test confirmed diagnosis? Cl Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury (occurred) in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. Bruce Schaefer M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82473 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82473

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Austin Phelps

(a) Residence: No. 1700 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Evelyn D

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Conn Country

FATHER

13. NAME Henry Phelps.

14. BIRTHPLACE (city or town) (State or country) Ashtabula Ohio

MOTHER

15. MAIDEN NAME Jerusha Lockwood.

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt Date Aug 31, 1932

19. UNDERTAKER James McCully
(Address) 128 E Fast ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-32

22. I HEREBY CERTIFY, That I attended deceased from S. 28, 1932 to 8. 29, 1932

I last saw him alive on 8. 29, 1932. Death is said to have occurred on the date stated above, at 7:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease & auricular fibrillation	S-32
Other contributory causes of importance: Hypertension	?
Acute myocardial insufficiency	2 month ago

Name of operation — Date of —

What test confirmed diagnosis? Clin. et Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

8-29-32 (Signed) Elmer Hesse M. D.

(Address) Balto, City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82474

HEALTH DEPARTMENT—CITY OF BALTIMORE 82474

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 24-33 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Bartlett

(a) Residence: No. 904 William St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Bartlett

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Bartlett

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Jennie Whitlen

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT James Bartlett
(Address) 904 Williams.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 31 1932

19. UNDERTAKER Wm McGinley
(Address) 928 E Fort Ave

20. FILED ... 19... Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at 8.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Fracture of Femur due to accidental fall on street

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury ... 19...

Where did injury occur? Aug 13 1932
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fall on Street

Nature of injury Fract of L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 82475

82475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 North Luzerne ST., 7-12 WARD)

2-FULL NAME Antone Franz

(a) RESIDENCE NO. 810 N Luzerne st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 27 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white (Bohemian)	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie J Franz

6 DATE OF BIRTH (month, day, and year): March 7 1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Bohemian

PARENTS

10 NAME OF FATHER: not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemian

12 MAIDEN NAME OF MOTHER: not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemian

14 Informant: Marie J Franz
(Address) 810 N Luzerne st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 31, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to August 31, 1932, that I last saw h[illegible] alive on August 30, 1932, and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) ... yrs. 3 mos. ... da.

CONTRIBUTORY (Secondary) Generalized Carcinomatosis

(duration) ... yrs. 1 mos. ... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of July 1, 1932

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 220 E Madison st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: Sept 3 1932

20 UNDERTAKER: August Pasek — ADDRESS: 2406 Ashland ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Bks

E 82476

E 82476 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St & Keswick Rd. ST 13-52 WARD

2. FULL NAME Mrs. Deborah E. Swann

(a) RESIDENCE NO Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 5. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm E Swann

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaret Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Hospital Records.

15 Filed [illegible] 19 Huntington Williams, N.E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30, 1932

17 I HEREBY CERTIFY. That I attended deceased from July, 1932, to Aug 30, 1932

that I last saw h-A-r alive on Aug 30, 1932

and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tbc.?

(duration) 5+ yrs. mns ds.

CONTRIBUTORY (Secondary) Chronic hypertrophic arthritis (duration) yrs. mos. ds. ?

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. Rumford Hopkins M. D.

, 19 (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hyattsville Md — DATE OF BURIAL Sept 2 1932

20 UNDERTAKER Wm J Tschen & Son — ADDRESS North Pa

TION is very important. See instructions on back of certificates.

E 82477

HEALTH DEPARTMENT—CITY OF BALTIMORE

82477

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-13 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Abraham Greenberg

(a) Residence: No. Aged Home - Sinai Hospital Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Romania

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Romania

MOTHER

15. MAIDEN NAME Mindel

16. BIRTHPLACE (city or town) (State or country) Romania

17. INFORMANT Dr Jacob Greenberg
(Address) 832 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cemetery 8/31, 1932

19. UNDERTAKER Joseph Lechner & Son
(Address) 1939 E. Baltimore St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1932 to August 30, 1932
I last saw him alive on August 30, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Diabetes	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David Stanford Chapman M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82478

HEALTH DEPARTMENT—CITY OF BALTIMORE

82478

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Kenwood Ave St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Schupple

(a) Residence: No. 506 S. Kenwood Ave. St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fredricka Schupple

6. DATE OF BIRTH (month, day, year) Aug. 24 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Schupple

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eva Hess

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Fredricka Schupple (wife)

(Address) 506 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept. 2 1932

19. UNDERTAKER Lilly & Feiler Inc.

(Address) 403 S. Wolfe St.

20. FILED Sept 1 1932 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30th/32. 19

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to Aug 30 1932

I last saw h[illegible] alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 6:07 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) August Feiler M. D.

(Address) 2739 Eastern Ave

M. D. B. 1268-9

E 82479 HEALTH DEPARTMENT—CITY OF BALTIMORE

2647 51

CERTIFICATE OF DEATH

Registered No. E 82479

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Sept yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H Johnson

(a) Residence: No. 1106 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Minnie

6. DATE OF BIRTH (month, day, year) March 3 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Watchman~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sexton 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eli Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilde Burgess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemty Date Sept 1, 1932

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Pressman St

20. FILED AUG 31 1932 (Date)
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932, to Aug 30, 1932

I last saw him alive on Aug. 30, 1932. Death is said to have occurred on the date stated above, at 3.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate with metastasis to pelvis	1 yrs +
Myocarditis	

Other contributory causes of importance:

Secondary haemorrhage

Name of operation Prostatic resection Date of 8/29/32

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd S. Lewis M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82480

E 82480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1760

1. PLACE OF DEATH Maryland General Hospital St. 27-46 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET LETTENGER TIMMS.

(a) Residence: No. 720 HOLLEN RD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. R. TIMMS.

6. DATE OF BIRTH (month, day, year) JAN. 30-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME THOMAS ROBERTS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME MARGARET SHELTON

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT (Address) HOSP. RECORDS — MD. GEN. HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place DRUID [illegible]. Date 8-29 1932

19. UNDERTAKER (Address) FRANKLIN SMITH 764 W. 33RD.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-10-'32 19 to 8-29-32 19

I last saw her alive on 8-29 1932 Death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
RUPTURED GALL BLADDER	8-11-32
MALIGNANCY	1924
GENERAL PERITONITIS	8-11-32
Other contributory causes of importance: CARDIAC FAILURE	8-27-32

Name of operation CHOLECYSTOTOMY Date of 8-12-32

What test confirmed diagnosis? SURG. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82481

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Beaufort ave St. 27 Ward) 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Walterhoefer

(a) Residence: No. 5002 Beaufort Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa

6. DATE OF BIRTH (month, day, year) Dec 14 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sebastian Walterhoefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Walterhoefer

(Address) 5002 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Sept 1 1932

19. UNDERTAKER George A Smith

(Address) [illegible] Williams, N.J.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1932 to Aug 30th 1932

I last saw h[illegible] alive on Aug 30th 1932 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

Prob gastric Carcinoma arteriitis Senility

Date of onset

Other contributory causes of importance: Emaciation

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Westminster Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82482

E 82482 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82482

CERTIFICATE OF DEATH

140 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 8-17 Ward)

Length of residence in city or town where death occurred 30 life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie L. Miller

(a) Residence: No. 1505 E. Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ross A. Miller

6. DATE OF BIRTH (month, day, year) Oct 27/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila., Pa.

FATHER

13. NAME James Barton

14. BIRTHPLACE (city or town) (State or country) Phila., Pa.

MOTHER

15. MAIDEN NAME Belinda Kerns

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ross A. Miller

(Address) 1505 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date 9/1/32 19

19. UNDERTAKER George J. Puth & Son

(Address) 1225 N. Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-uterine Infection	
Septicemia	
Lobular Pneumonia	
(Entered hospital Aug 24/32	

Other contributory causes of importance:

Self-induced abortion
Slipery Elm Bougie used.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Weaver Coroner, M. D.

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82483 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82483

46V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Frank Kougl

(a) Residence: No. 602 N. Castle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kougl

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Annie Bandel

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 1st 19 32

19. UNDERTAKER Geo M. Enid & Son
(Address) 511 N. Wolfe St

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2 1932 to Aug 30 1932
I last saw him alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 12 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	11 mos.
Myocardial Insufficiency	1 day

Other contributory causes of importance:

Name of operation Laparotomy Date of 7-16-32

What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

82484

CERTIFICATE OF DEATH

23 E 82484

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 13-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred.....yrs. .....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Emiline Shirley

(a) Residence: No. 1338 Whatcoat st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Shirley

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing 069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place B.C.H. Med Colony Date Aug 31, 1932

19. UNDERTAKER
(Address)

20. FILED 7212 R.C.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1931 to August 27, 1932

I last saw her alive on August 27, 1932 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Sept 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 82485

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 22-30 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred One yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME Charles Landen

(a) Residence: No. Friendly Inn 315 S. Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med College Date Aug 31, 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED Aug 31 1932 7243 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1932 to 8-31, 1932

I last saw him alive on 8-31, 1932 Death is said to have occurred on the date stated above, at 1:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown

Other contributory causes of importance:

acute myocardial insufficiency	8-26-32

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8-31-32 (Signed) Elmer Hyde M.D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 82486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82486

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 423 Schwarz Ave St., 47-48 Ward

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jackson Constant

(a) Residence: No. 422 Schwarz Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane Constant

6. DATE OF BIRTH (month, day, year) Aug 19 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wilson Constant

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jane Constant
(Address) 423 Schwarz Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 9/1/32

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 631 Druid Hill Ave

20. FILED Aug 31 1932 Wm. H. Welsh M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1932 to Aug 29 1932

I last saw him alive on Aug 29 1932. Death is said to have occurred on the date stated above, at 7:06 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/29/32
Hemiplegia	

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. H. Welsh M. D.

(Address) 1531 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 82487 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 E 82487

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 1-3 St., Ward)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rineker

(a) Residence: No. 2710 Canary Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Rineker.

6. DATE OF BIRTH (month, day, year) Aug 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Rineker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Annie Rineker
(Address) 2710 Canary Court

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Sept 3 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1932 to Aug 31, 1932

I last saw him alive on Aug 31, 1932 death is said to have occurred on the date stated above, at 10 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Erysipelas of Legs	8/14/32
Senility	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Peter Mesaneher M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 Dr. P. Colt M 2220 Garrison Blvd Lib 4000

E 82488 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82488

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 W. North Ave Ward) 5-61

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura E. Hollingsworth

(a) Residence: No. 3400 W. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Wm Hollingsworth

6. DATE OF BIRTH (month, day, year) July 15th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Geo. E. Starr

14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

15. MAIDEN NAME Vallmea Custis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm Hollingsworth

(Address) 3400 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 1st 1932

19. UNDERTAKER H. M. Cook

(Address) 12 E. Saratoga St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Aug 29 1932

I last saw her alive on Aug 29 1932 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, about 7 mo duration	
arteriosclerosis from history about 4 years duration	
hypertension, 4 years duration	
acute dilation of heart, two days	
Other contributory causes of importance:	
arteriosclerosis ??	1928

Name of operation none Date of ...

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none If so, specify ...

(Signed) Hallie D. Colt M. D.

(Address) 2220 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9 Dr Campbell Heath & Hanover St

E 82488 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82488

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E. Cross St. 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madge Della

(a) Residence: No. 411 E. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John Della

6. DATE OF BIRTH (month, day, year) Sept 16th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas L Dutcher

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Alice Allen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Della

(Address) 411 E. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Bolt Cemetery Date 9/2/ 1932

19. UNDERTAKER W^m Cagle

(Address) 817 St Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to Aug. 30 1932

I last saw her alive on Aug. 30 1932 Death is said to have occurred on the date stated above, at 1:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Acute dilatation of heart	8/28/32

Name of operation None Date of —

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Campbell M. D.

8/31/32 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner Potter 508 E. North Ave

E 82490

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82490

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Darley Ave) (WARD) 8-45

2-FULL NAME Emily C. Cooke

(a) RESIDENCE NO. 1620 Darley Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of Thomas Cooke

6 DATE OF BIRTH (month, day, and year) Apr 6th 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Patrick Sanford

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm H. Cooke

(Address) 1620 Darley Ave

15 Filed AUG 31 1932, 192 ..... Registrar RPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fracture rt hip (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Accidetally fell in bed room of home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Ware Coroner, M. D.

Aug. 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverside Westminster Land Virginia

DATE OF BURIAL 9/1/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 3 1932

Spec.—1-10-21—M&T—1500 Bks.

E 82491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 82491

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 S. Rose Street ST.. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert • Stachowski

(a) RESIDENCE NO. 809 S. Milton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)	April 3 1932		
7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	--	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John • Stachowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Evelyn • Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mr. John • Stachowski 809 S. Milton Avenue.

15 Date 8 31 1932 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31 1932

17 I HEREBY CERTIFY, That I attended deceased from August 29 . 1932 . to Aug 31 . 1932 . that I last saw h alive on August 31 . 19 . and that death occurred, on the date stated above, at 11 Am m.

The CAUSE OF DEATH* was as follows:

Acute Entero - colitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Diarrhea, fever & nausea

(Signed) Braun & Jamgochian M. D.

8/31. 1932 Address) 2431 Jasper.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus Cem. DATE OF BURIAL Sept 1 1932

20 UNDERTAKER John M Weber ADDRESS 401 E. Chester

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82492 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82492

CERTIFICATE OF DEATH

X 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP. St. 12-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME WALTER EGEE

(a) Residence: No. ... St., ... Ward. WHITE HALL, MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) MAY 14 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckdriver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) VIRGINIA

FATHER

13. NAME ROBERT EGEE

14. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME GYPSY JAMES

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT PARENTS
(Address) WHITE HALL MD

18. BURIAL, CREMATION, OR REMOVAL
Place Long Green Date Sept 3, 1932

19. UNDERTAKER Marbline Hon
(Address) White Hall, Md

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 30, 1932, to AUG. 31, 1932

I last saw him alive on AUG 31, 1932. Death is said to have occurred on the date stated above, at 1:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3
Rheumatic Heart Disease	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Eckert, M. D.
(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31 1932

AaCo. 5-31 250R

E 82493 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82493

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2804 Ecodale Ave St. 27-44 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline F. Stein

(a) Residence: No. 2804 Ecodale Ave St., (Hamilton) Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter R. Stein

6. DATE OF BIRTH (month, day, year) March 12, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Earnest Blomier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Hille

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline Stein

(Address) 4406 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 3, 1932

19. UNDERTAKER John S. Connelly

(Address) Essex, md.

20. FILED ... 19... Fort Williams, N.Y.
R.S.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1932, to Aug 31, 1932

I last saw h... alive on Aug 31, 1932 death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	4/1/1924
Other contributory causes of importance: Diabetic Gangrene	2/15/1932

Name of operation Amputation of Toe Date of 8/8/1932

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John D. Veth M. D.

(Address) 936 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82494

E 82494

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 15-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Cora M Wilson

(a) Residence: No. 2601 Springdale Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ray L Wilson

6. DATE OF BIRTH (month, day, year) Nov 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	Nov		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June 32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boonsboro Maryland

FATHER

13. NAME John L Nicodemus

14. BIRTHPLACE (city or town) (State or country) Boonsboro Maryland

MOTHER

15. MAIDEN NAME Emma L Smith

16. BIRTHPLACE (city or town) (State or country) Boonsboro Md Maryland

17. INFORMANT Ch Harry Wilson
(Address) 7 Biddle St Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Boonsboro Date Sept 3 1932

19. UNDERTAKER William J Bott & Son
(Address) Boonsboro Md Maryland

20. FILED ... 19... Registrar.

OCT 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1932 to Aug 31 1932
I last saw her alive on Aug 31 1932 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver Metastasis	7-25-32

Other contributory causes of importance:

Secondary Anemia	

Name of operation Exploratory Date of 8-12-32

What test confirmed diagnosis? Abscess Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82495 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82495

CERTIFICATE OF DEATH

92V-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2003 Ellsworth St. (or Ward) 8-13

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Schoenig

(a) Residence: No. 2003 Ellsworth St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of Bridget C. Schoenig

6. DATE OF BIRTH (month, day, year) Sept 6th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) Sept 1930

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wallace Schoenig

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Barbara Muller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bridget C. Schoenig
(Address) 2003 Ellsworth St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 1st 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1022 ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th 1932 to Aug 30th 1932

I last saw him alive on Aug 28th 1932 Death is said to have occurred on the date stated above, at ... a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	one year.

Other contributory causes of importance:

Ascites

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Walter W White Jr. M. D.

(Address) 2800 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Georgia V. Haywood

E 82496

E 82496

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 N. Eden St. 5-4 WARD)

2. FULL NAME Georga V. Haywood

(a) RESIDENCE NO. 38 N. Eden St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. Single, Married, Widowed, or Divorced. (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Haywood

6. DATE OF BIRTH (month, day, and year) March 11, 1860

7. AGE: Years 72 | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Kent Co. Md

PARENTS
10. NAME OF FATHER Joseph Pierce
11. BIRTHPLACE OF FATHER (city or town) (State or country): Kent. Co.
12. MAIDEN NAME OF MOTHER Jane
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co.

14. Informant (Address): Wm. Haywood 38 N. Eden St

15. Filed SEP 1 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8-30-32

17. I HEREBY CERTIFY, That I attended deceased from 8-12-, 1932, to 8-30-, 1932
That I last saw her alive on 8-30-, 1932
and that death occurred, on the date stated above, at 8,30 A. M.
The CAUSE OF DEATH* was as follows:
Chronic Valvular

(duration) unknown yrs. mos. ds.
CONTRIBUTORY (Secondary) Intestinal Nephritis
(duration) unknown yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Wm H Hargis M. D.
8-30-1932 (Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (see reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. — DATE OF BURIAL: Sept 2 1932

20. UNDERTAKER: Mrs J. S. Locks — ADDRESS: 1302 Jeffers

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

B 82497

Spec. 13 [illegible] Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82497.

1192

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1604 E. Eager St. 7-13 Ward)

2-FULL NAME Elizabeth Miller

(a) RESIDENCE NO. 1604 E. Eager St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24-? 1930

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
1	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Silas Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Ethel Duckett

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Ethel Miller

(Address) 1604 E. Eager St

15 Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8.30 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932, to Aug 30, 1932,

that I last saw h[illegible] alive on Aug 30, 1932

and that death occurred, on the date stated above, at 6 h. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteric intoxication

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D.

Aug 31 1932 (Address) 822 N. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraway cem Date of Burial 9-1 1932

ADDRESS

20 UNDERTAKER

Filed Sept 1 1932

Registrar

IF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-30—M. & T.—250 Bks

E 82498

E 82498

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Edgewood Sanitorium (WARD) 27-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elizebeth Snyder

(a) RESIDENCE NO. Edgewood Sanatorium ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W'td	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co (State or country) Md.

PARENTS

10 NAME OF FATHER Christian Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Mary Dreeker

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs. Henry Snyder

(Address) 3403 Garfield Ave

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1930, to Aug 30, 1932,

that I last saw her alive on Aug 30, 1932,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Over (duration) 2 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Mucus Colitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoes M.D., M. D.

-31, 1932 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Kendrea Cemetery

DATE OF BURIAL 9/2 1932

20 UNDERTAKER H. D. Joe Gardener Son Inc

ADDRESS 217 S Eutaw

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

82499 HEALTH DEPARTMENT—CITY OF BALTIMORE 82499

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3680 Ash St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm F. Smith

(a) Residence: No. 3680 Ash St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. H. Darnall

(Address) 3680 Ash St

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Sept 1, 1932

19. UNDERTAKER Thos. Wilson Sons & Co

(Address) 3615-17 Eastern Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932 to Aug 30, 1932

I last saw him alive on Aug 30, 1932. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	

Other contributory causes of importance:

Carcinoma of Rectum

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) O. J. Cox M. D.

(Address) 3701 Eastern Ave

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82500 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82500

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3428 Hilroy Ave St. 13-57 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline R. Painter.

(a) Residence: No. 3428 Hilroy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David F Painter.

6. DATE OF BIRTH (month, day, year) Oct 29, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John P Hacke.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT David F. Painter.
(Address) 3428 Hilroy Ave.

18. BURIAL, CREMATION, OR REMOVAL Beechwood, Balto Co, Date Sept 3, 1932

19. UNDERTAKER Ehrenfeld & Son.
(Address) 361 W-17 Chestnut Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932 to Aug 31st, 1932

I last saw her alive on Aug 31st, 1932 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus.
(a) Cause Gangrene End arteritis

Date of onset

Other contributory causes of importance:
High blood pressure, Senility
Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. A. Willard, M. D.

(Address) 3611 Falls Rd.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82501

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 Bowser Court ST. 18-26 WARD)

2-FULL NAME Thomas Rhone

(a) RESIDENCE NO 230 Bowser Court ST., WARD

(Usual place of abode) About (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Rhone

6 DATE OF BIRTH (month, day, and year) March 1, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Essex County Virginia

PARENTS

10 NAME OF FATHER: Jeff Rhone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co. Virginia

12 MAIDEN NAME OF MOTHER: Machria Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co. Virginia

14 Informant: Octavia Rhone

(Address) 1025 Wagons Alley

15 Filed SEP 1 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocardial Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) Guy Y. Cromwell M. D. Coroner

8/31, 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Sept 1, 19 32

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82502 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82502

CERTIFICATE OF DEATH

V92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 785 W. Saratoga St., 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. + mos. + ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Glossie Brinckley

(a) Residence: No. 785 W Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Richard A. Brinckley

6. DATE OF BIRTH (month, day, year) Jan-6-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Golds Boro N. Carolina

FATHER

13. NAME William Hoons

14. BIRTHPLACE (city or town) (State or country) Golds Boro N.C.

MOTHER

15. MAIDEN NAME Rosie Bagley

16. BIRTHPLACE (city or town) (State or country) Golds Boro N.C.

17. INFORMANT Elizabeth Hoons

(Address) 780 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Sept 1, 1932

19. UNDERTAKER Mr. Peter P Williams

(Address) 322 E. Lafayette Ave

FILED Sep 1 - 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1932 to 8/29, 1932

Last saw h. alive on 8/29, 1932 Death is said to have occurred on the date stated above, at 1.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Dan'l Brinckley M. D.

(Address) 1112 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.D. B. 1265/1

E 82503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82503

CERTIFICATE OF DEATH

V 161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-West Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Perry

(a) Residence: No. St., Ward Texas, Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Benjamin Perry

14. BIRTHPLACE (city or town) (State or country) Balto Co., Md.

MOTHER

15. MAIDEN NAME Virgie Eagan

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Maryland.

17. INFORMANT Mr. Benj. Perry
(Address) Texas, Balto Co., Md

18. BURIAL, CREMATION, OR REMOVAL
Place Texas, Balto Co, Md Date Sept. 1, 1932

19. UNDERTAKER Wm. C. Burgoyne & Son
(Address) Huntington, Villages, Md.

20. FILED SEP 1 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 31, 1932, to September 1, 1932
I last saw him alive on August 31, 1932 Death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Atelectasis	Aug 31, '32
Nephritic Toxemia (materna)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert W. Gaine, M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.H.D. B. 1264-9

E 82504 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82504

E-82504

122-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 23-31 Ward)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel G. Smith

(a) Residence: No. 1105 Peach alley — St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) Aug 5 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Fayetteville N.C.

FATHER

13. NAME Warren Smith

14. BIRTHPLACE (city or town) (State or country) Fayetteville N.C

MOTHER

15. MAIDEN NAME Virginia Wilson

16. BIRTHPLACE (city or town) (State or country) Fayetteville N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 8-31 1932

19. UNDERTAKER Dennis Carbon
(Address) 216 E. Pratt

20. FILED SEP 1 1932 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1932 to 8-29 1932

I last saw her alive on 8-29 1932 Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	2 weeks 8-14-32
Other contributory causes of importance: Perforated Bowel	8-28-32

Name of operation No Date of ____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

Signed Wm. Bonner M.D. M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1208-9

B 82505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82505

CERTIFICATE OF DEATH

1866001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 11-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence Davis

(a) Residence: No. 1009 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Sam Davis

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Lula Davis

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Ollie Davis

(Address) 1009 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8-30. 19 32

19. UNDERTAKER David Eaton

(Address) 926 N. Pine Ave

20. FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19..

I last saw h... alive on ... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fall & injury to spine which became infected & caused a retro-pharyngeal abscess — Date of onset 7/11/32

Other contributory causes of importance:

Toxemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-11. 19 32

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of Injury Fall.

Nature of injury Back injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell from ladder

(Signed) ... Coroner. M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82506

E 82506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. V 29 4

CITY OF BALTIMORE: (No. ..... St., 18-21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morah Alston

(a) Residence: No. 247 N. Amity st. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newberry (State or country) South Carolina

FATHER

13. NAME Nathan Alston

14. BIRTHPLACE (city or town) South Carolina (State or country)

MOTHER

15. MAIDEN NAME Addie Baxter

16. BIRTHPLACE (city or town) South Carolina (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cem. Date 8-31 1932

19. UNDERTAKER Dent Easton (Address) 916 Pa ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from February 20 1931 to August 29 1932

I last saw her alive on August 29 1932 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Feb.20 1931
Other contributory causes of importance:	
Adenitis, tuberculous	Feb.20 1931

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Kenneth A. Straw M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 82507 HEALTH DEPARTMENT—CITY OF BALTIMORE 82507.

Dr. 3-ales

CERTIFICATE OF DEATH

V 125-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Grooms

(a) Residence: No. 1006 Druid Hill Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Grooms

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Grooms

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Grooms
(Address) 1006 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 8-1-32

19. UNDERTAKER Daniel Easter
(Address) [illegible]

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1932, to Aug. 30, 1932.
I last saw h[illegible] alive on Aug. 30, 1932. Death is said to have occurred on the date stated above, at 8 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver ? Leptospirosis ?	
Other contributory causes of importance:	
Bronchial pneumonia	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Sam Jones Abrams, M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82508

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 207 Myrtle Ave ST., 4-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth McDaniel

(a) RESIDENCE NO. 207 Myrtle Ave STREET

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph McDaniel

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Adam Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant Ralph McDaniel

(Address) 207 Myrtle

Filed SEP 1 - 1932 Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1932, to Aug 30, 1932,

that I last saw h[illegible] alive on Aug 29, 1932

and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Geo. McDonald M. D.

, 19 (Address) 1001 Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westboro Md.

DATE OF BURIAL 9-1 1932

20 UNDERTAKER Dent Easton

ADDRESS Pikesville

IMPORTANT. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

E 82509 88-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82509

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 So Franklintown Rd. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Houck

(a) Residence. No. 112 So Franklintown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of the late Sarah R Houck.

6. DATE OF BIRTH (month, day, year) March 15th 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&OCR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Independent Houck

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Joshua M Houck

(Address) 112 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 9/2/ 1932

19. UNDERTAKER John J Howard & Son

(Address) 401 Stiles St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/15- 1932 to 8/30- 1932

I last saw h alive on 8/30 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1
Hypertension	
Other contributory causes of importance: Myocarditis	6 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas A Carlin M. D.

(Address) 2140 Linden Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 82510

E 82510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22 V

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2517 Ridgely ST. 25-3 (WARD)

2-FULL NAME Edward Savage Jr.

(a) **RESIDENCE NO** 2517 Ridgely ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rosella Savage

6 DATE OF BIRTH (month, day, and year) ? ? 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	59	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Savage

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Catharine Cavell

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mary Elizabeth ....
(Address) 511 Sixth Ave. Catonsville

15 Filed SEP 1 1932 Harrington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy H. Cromwell M. D. Coroner

8/31, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL Sept 1 1932

20 UNDERTAKER Joseph A. Lively

ADDRESS 407 N. Mount St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82511

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Aged Mens Home Ward) Catonsville

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Fisher

(a) Residence: No. 822 N. Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Fisher

6. DATE OF BIRTH (month, day, year) 1864 (about)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	68		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia W.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMANT Edna Skinner

(Address) 1812 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Pl... Mt. Auburn Cem Sept 2 1932

19. UNDERTAKER Samuel J. Hendrix & Son

(Address) 578 N. Broadway

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to Aug 30, 1932

I last saw her alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 1 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? None If so, specify ...

(Signed) Edw. J. Sheatley M. D.

(Address) 1260 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82512

CERTIFICATE OF DEATH

X 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Drayton

(a) Residence: No. 327 Hillen Rd Towson, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie

6. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tilson, N.C.

FATHER

13. NAME Dave Drayton

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Wade

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Sophia Turner

(Address) 1819 Second St N.W. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Hamlet N.C. Date 1-1- 193

19. UNDERTAKER Byron & Maguire Bros

(Address) 1701 E. Lexington St

20. FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 , to ✓ , 19

I last saw h alive on ongoing 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	8/29/32
Other contributory causes of importance: automobile accident	8/29/32

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/29. 1932

Where did injury occur? Hillen Rd in Woodbrook Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident.

Manner of injury auto in which he was riding struck a tree

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Kenny Coroner M. D.

(Address) 200 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82513

E 82513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S. Robinson St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Schroeder

(a) Residence: No. 608 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5—1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Schroeder

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Kaminska

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT George Schroeder
(Address) 608 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus. Date Sept 1, 1932

19. UNDERTAKER M. C. Jaworski
(Address) 1950 Eastern Ave

20. FILED SEP 1 1932, 19... Baltimore, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1932 to Sept. 1, 1932

I last saw ... alive on Sept. 1, 1932 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Aug 26, '32

Other contributory causes of importance: —

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No if so, specify ...

(Signed) Andrew Jaworski, M. D.

(Address) 2524 Eastern ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82514

Cor. 61 Cert. Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82514

CERTIFICATE OF DEATH

183

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hop. St., 2-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Adamski

(a) RESIDENCE NO. 910 Fell St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 9-1923

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	9	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore

PARENTS

10 NAME OF FATHER John. Adamski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Rosalia Kujawa

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant Rosie Adamska.
(Address) 910 Fell St.

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was at 6:15 P.M.

Drowning. Accidently fell from wharf at foot of Thames st (Wolfe)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Oliver, M. D.

9/1/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus — DATE OF BURIAL Sept 2 1932

20 UNDERTAKER J. V. Bazewski 1930 — ADDRESS Eastern Ave

tion should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 82515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82515

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W North Ave Ward) 13-20

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma V. Barke

(a) Residence: No. 516 W. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John Barke

6. DATE OF BIRTH (month, day, year) Dec 6th 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Samuel R. Rogg

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Barbara E.

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT (Address) M. Virginia Hoy 516 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Frederick Md Date Sept 2nd 1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1929 to Aug 31st 1932

I last saw her alive on Aug 31 1932 Death is said to have occurred on the date stated above, at 1.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with	2
cerebral hemmorhage	4/29/30
Other contributory causes of importance:	
cardiac collapse	8/31/32

Name of operation None Date of ...

What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George H Kemp M. D.

(Address) 3030 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Bishop 12 E. 25th St. Mus 0691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82516

E 82516

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3307 Piedmont St., (Ward) 25-67

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Snyder

(a) Residence: No. 3307 Piedmont St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Benjamin B. Snyder

6. DATE OF BIRTH (month, day, year) Oct 30th 1838

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
93	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward T. Ballard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eliza A. Smith

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Edward T. Snyder

(Address) 3307 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 3rd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul

20. FILED ..... 19.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1928 to Sept. 1 1932

I last saw h alive on Aug 31 1932 Death is said to have occurred on the date stated above, at 12.07 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortic Sclerosis	1928
Chronic interstitial Nephritis	1928

Other contributory causes of importance:

Cerebral sclerosis marked	Jan. 1-32

Name of operation none Date of ✓

What test confirmed diagnosis? P-E- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19..

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Bishop, M. D.

(Address) 12 E. 25th St.

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Norton

F 82517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82517

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 S. Calender St., (Ward) 18-29

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret F. White

(a) Residence: No. 119 S Calender St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George F White

6. DATE OF BIRTH (month, day, year) Nov 23 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. F. White
(Address) 119 S Calender St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/2 1932

19. UNDERTAKER
(Address) [illegible]

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1932 to Aug. 31, 1932

I last saw her alive on Aug. 31st 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	8/28/32

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Norton M. D.

(Address) 1532 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Coroners Potter 508 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82518

E 82518

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital Ward) 8-44

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Wise

(a) Residence: No. 2904 Overland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Adam J. Wise

6. DATE OF BIRTH (month, day, year) Feb 2 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Romtree
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sophia Meyer
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs May Wier
(Address) 728 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept 3rd 193[illegible]

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 . to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset

Other contributory causes of importance:

Accidently slipped, fell and fractured rt hip in her home on May 24/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury May 24 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Kain Coroner, M. D.

(Address) 508 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250R

E 82519 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82519

V 93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp St. 16-22 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Dorothy S. Lumpkin

(a) Residence: No. 923-N-Fulton Ave St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Leo Lumpkin

6. DATE OF BIRTH (month, day, year) 10-22-91

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Irvin B Smoot

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah A. Patterson

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Margaret Frank.
(Address) 522 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/3 19 32

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED SEP 1 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1- 19 32

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1932, to 9/1, 1932
I last saw h~~er~~ alive on 9/1, 1932 death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute dilatation of heart	
Other contributory causes of importance:	
Pregnancy	(22 weeks)

Name of operation Hysterotomy & delivery Date of 8/27/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alpha H Goodloe M. D.
(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82520 E 82520

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Callaway Ave/ St., 13-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter F.Waltjen,

(a) Residence: No. 3403 Callaway Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Mary F.Waltjen,

6. DATE OF BIRTH (month, day, year) February 16.1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ...min.
73	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Conducter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. B & O.R.R. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Waltjen,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah M.Stewart.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss.Waltjen,
(Address) 3403 Callaway Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date SEP 3 1932

19. UNDERTAKER Geo. E. Little
(Address) 2155 W. Baltimore St.

20. FILED ..... 19 .....
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 1 1932

22. I HEREBY CERTIFY, That I attended deceased from August 11- 1932 to Sept 1- 1932

I last saw h alive on 8-31- 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	about 1-1-31

Other contributory causes of importance:

none	—

Name of operation none Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Leland, M. D.

(Address) 2532 Edmondson Ave

M. D. B. 1268-9

E 82521 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82521

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp. (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma E. Glos

(a) Residence: No. 418 N. Port St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3/86

7. AGE: Years 45 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jonetress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Christian Winterling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kate Schluderberg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Kate Motley

(Address) 418 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Edmonds Date 9/3/32

19. UNDERTAKER Philip Hartwig

(Address) 2016 Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1932 to August 31, 1932

I last saw her alive on August 31, 1932 Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

Luetic Cardio-Vascular Renal Disease with Post-Operative Acute Cardiac Dilitation

Date of onset .....

Other contributory causes of importance:

Post-Operative Shock

Name of operation Hysterectomy Date of 8/30/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. J. Thomas M. D.

(Address) St Joseph Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82522 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82522

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. H-30 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Butler

(a) Residence: No. Race Rd. Elkridge, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5th 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Luvenia Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Luvenia Butler

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge Md Date Sept 2nd 1932

19. UNDERTAKER E. Jones

(Address) W. Pilmore st

20. FILED Sept 2 1932 By Augustus Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to pistol shots of right arm & chest - involving heart & lungs.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Injury 8/30. 1932

Where did injury occur? Elkridge, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Empty House

Manner of injury Pistol-shots

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Zellers Coroner M. D.

(Address) 2739 Eastern Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 82523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82523

REGISTERED NO. 1748

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., WARD)

2-FULL NAME Grace Gregory

(a) RESIDENCE NO 1414 Cole ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Michael Gregory

6 DATE OF BIRTH (month, day, and year) ?? 1908

7 AGE: Years 24 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middleton Kentucky

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Grace Mosely

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Nathan Silberman

(Address) 2219 H Callow Ave

15 Filed [illegible] 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Right side of throat involving large blood vessels, cut by razor — Homicide

(duration) yrs. 0 mos. a few minutes ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. 0 mos. a few min ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy Y. Cromwell M. D. Coroner

8/31, 1932 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL Sept 2nd 1932

20 UNDERTAKER A Jones ADDRESS 111 S. Gilmor

Information should be entirely complete. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82524

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82524

CERTIFICATE OF DEATH

✓158

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Bond St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Green

(a) Residence: No. 102 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 29/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Samuel Jones

14. BIRTHPLACE (city or town) (State or country) Montgomery Co., Md.

MOTHER

15. MAIDEN NAME Grace Green

16. BIRTHPLACE (city or town) (State or country) Montgomery Co., Md.

17. INFORMANT Grace Green
(Address) 102 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Date . 19

19. UNDERTAKER
(Address)

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 1/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Malnutrition — Date of onset

Other contributory causes of importance:

8 mons Gestation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. H. Bauer M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82525

CERTIFICATE OF DEATH

E 82525

82-201

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfonso Key

(a) Residence: No. 11[illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible], 19..

19. UNDERTAKER Commissioner Health.

(Address)

20. FILED [illegible], 19.. 7211 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19..

I last saw h[illegible] alive on ..., 19.. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterial Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

82526 E 82526

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 25-77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kurzuk

(a) Residence: No. 623 Cypress St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER Cremation Society.

(Address) 1727 W. Fayette St.

20. FILED 1922 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 19 22

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11:00 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Coroner M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

82527

HEALTH DEPARTMENT—CITY OF BALTIMORE

82527

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ensley

(a) Residence: No. Sinai Hospital St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Aug. 25. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Drury Ensley

FATHER

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Elsie Colwell

16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT Mother Elsie Ensley

(Address) 134 Kingston Pk. Middle River Md.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Aug 25, 1932

I last saw him alive on Aug 25, 1932 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

none

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Arthur Robert Ashman M.D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... is necessary. If person was not employed at time of death, state whether retired or housewife. Write plainly in ink. Do not use pencil. Do not abbreviate.

Spec.—1-12-29—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82528

CERTIFICATE OF DEATH.

E 82528

138 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital (St.) 9-16 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Albert Shrader

(a) RESIDENCE NO. 1829 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-26-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas. A. Shrader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Agnes M. Shrader

(Address) 1829 Harford ave

15 Filed 9-1 1932 19 7218 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1 1932

17

I HEREBY CERTIFY, That I attended deceased from 8-29, 1932 to 9-1, 1932

that I last saw him alive on 9-1, 1932

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Infantile Jaundice

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 8-31-32

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. F. Comey, M. D.

9-1, 1932 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Univ. of Md Sept 1 19 32

20 UNDERTAKER — ADDRESS

Geo. H. Fuhrman Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82529

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Weiller William C. Weiller

(a) Residence: No. 1522 Linden Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 19, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer's Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) Aug 15, 1932. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Weiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Steiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eli Strouse
(Address) Emerson Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date Sept. 2, 1932

19. UNDERTAKER Harris Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED Sept. 1, 1932 Stanley Williams Registrar.
B. of H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1932, to August 30, 1932
I last saw him alive on August 30, 1932 Death is said to have occurred on the date stated above, at 8:12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/29
Tuberculous meningitis	8/12

Other contributory causes of importance:
Pulmonary Tuberculosis (Latent)

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. R. Colon, M. D.

(Address) Sinai Hospital

CAUSE OF DEATH in plain terms so that it may be properly classified. GIVE OCCUPATION in very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82530 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82530

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Co'd St., 11-24 (Ward))

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Stern

(a) Residence: No. 803 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Diana

6. DATE OF BIRTH (month, day, year) Dec 24 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip Stern

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Diana ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Sept 2 1932

19. UNDERTAKER David Leibowitz Sons
(Address) 1722 Eastern Ave

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-16 1932 to 9-1 1932

I last saw him alive on 9-1 1932 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-26-32
Other contributory causes of importance: Diabetes mellitus	uncert.

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

9-1-32 (Signed) Elmer Hightower M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82531

CERTIFICATE OF DEATH

E 82531

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Baltimore and 8-17 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Strahler Catherine Strahler

(a) Residence: No. 308 York Road St., 1625 N. Caroline St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Strahler

6. DATE OF BIRTH (month, day, year) May 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	60	3 —	12 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Hayden

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ella Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records Balt. City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Sept. 3, 1932

19. UNDERTAKER Capt H Cook (Address) 1005 E. Baltimore St.

20. FILED Sept 6, 1932 W. C. T. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1932, to 9-1, 1932

I last saw her alive on 9-1, 1932 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum left with right hemiplegia	1-10-32
Other contributory causes of importance: Bronchopneumonia	8-27-32

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

9-1-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82532

CERTIFICATE OF DEATH

-53 E 82532

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 W. Lexington St. 4-25 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie Denhard

(a) Residence: No. 664 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Denhard

6. DATE OF BIRTH (month, day, year) Aug. 8, 1835.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
97		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Michel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Robert M. Brown
(Address) 664 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Western Date Sept. 3, 19 32.

19. UNDERTAKER Harry A. Weitzke
(Address) 4101 Edmondson Ave.
for Pikesville, Md.

20. FILED (1932) 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate. State CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1930 to Aug 31, 1932
I last saw h[illegible] alive on Aug 31 1932 death is said to have occurred on the date stated above, at 930 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Leg	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased no If so, specify X

(Signed) R. Kenneth Williams M. D.
(Address) 3200 Eutaw Place

AaCo. 5-31 250B

E 82533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82533

CERTIFICATE OF DEATH

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 W. Lombard St. 19-28 Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Connor Healy

(a) Residence: No. 1605 W. Lombard St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Healy (nee Husse)

6. DATE OF BIRTH (month, day, year) June 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. A. McDonnell,

(Address) 1605 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem. Sept. 3 1932

19. UNDERTAKER Harry Kleitzke

(Address) 101 Hamilton Ave.

20. FILED Sept. 2 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931 to Aug 31 1932

(1) last saw h[illegible] alive on Aug 30 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Hypostatic Pneumonia	
Contusion	

Other contributory causes of importance:

Heart Affection

Name of operation Retro Catheter Date of None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82534

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S Broadway St. 2-4 Ward)

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James McDonough

(a) Residence: No. Portland Maine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Coroner
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Portland Maine Date 9-1 1932

19. UNDERTAKER Jos. J. Stewart & Son
(Address) 2001 Kentucky Ave

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Brain due to Fatal Shot - Homicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Hom Date of injury Aug 31 1932

Where did injury occur? 710 S Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fatal Shot

Nature of Injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. L. Hergenroeder, M. D.
Coroner
(Address) 130 S Paca St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82535

CERTIFICATE OF DEATH

E 82535

Registered No. 172-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 16-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Broderick, Michael

(a) Residence: No. 2425 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia T Broderick

6. DATE OF BIRTH (month, day, year): Nov 12- 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 2 yrs

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Amelia T Broderick

(Address) 2425 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 2nd 1932

19. UNDERTAKER: Charles P Powell

(Address) 2419 Edmondson Ave

20. FILED Sept 2 1932 Reistertown, Md. Registrar. R. C. B.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1932 to Aug. 30, 1932

I last saw him alive on Aug. 30, 1932. Death is said to have occurred on the date stated above, at 11:50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritoneal adhesions	1927 ?
Intestinal obstruction	8/12/32
Uremia	8/30/32 ?

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Exploratory Laparotomy + Tube drainage Date of 8, 29, 32

What test confirmed diagnosis: Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. L. Currie M. D.

(Address) University Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

82536 | CERTIFICATE OF DEATH | B 82536

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Park Ave St. 3-52 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Virginia Hayes

(a) Residence: No. 4205 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. W. F. Hayes

6. DATE OF BIRTH (month, day, year) Oct 15 1847 Balto.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John J. Stumer

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emelia Jones

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Emp. Mr. Woolford

(Address) 4205 Roland ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Sept 3, 1932

19. UNDERTAKER Cherrywood Lon

(Address) 3[illegible] Edmondson Ave.

20. FILED 1932 Sept 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9—1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1932 to Sept 1 1932

I last saw her alive on Sept 1 1932 death is said to have occurred on the date stated above, at 6.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1928
Arteri-Sclerosis	1928
Pneumonia (Bronchial)	Aug 29-32
Edema of Lungs	11 11-32

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Winslow, M. D.

(Address) 1400 N. Broadway

SEE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Indefinite or illegible terms will be returned for correction. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 82537 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82537

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Audrey Griffith

(a) Residence: No. 2-5 Lindbrook Road St., ... Ward. Pikesville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 8, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as stik mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Roger Griffith
14. BIRTHPLACE (city or town) Balto. County
(State or country) Md

MOTHER

15. MAIDEN NAME Frances Werner
16. BIRTHPLACE (city or town) Penna
(State or country)

17. INFORMANT Roger Griffith
(Address) 2-5 Lindbrook Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 2nd 1932

19. UNDERTAKER Wm Cook
(Address) 117 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Sept 1, 1932

I last saw her alive on Sept 1, 1932 death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia	Aug 29 32

Other contributory causes of importance:

Bronchial Pneumonia	Aug 29

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Sparrow Jackson M. D.
(Address) Lyndhurst Apts

I state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82538

CERTIFICATE OF DEATH

119

E 82538

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3603 Frankford St. (Street) 27-44 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Dryden

(a) RESIDENCE NO. 3603 Frankford St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24th 1932

7 AGE — Years: 1 — Months: — Days: 7 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Edward Dryden

11 BIRTHPLACE OF FATHER (City or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Mary Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant [illegible] Price (Address) 3603 Frankford Ave

15 Filed SEP 2 1932, 19 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1st 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 22nd, 1932, to Sept 1st, 1932, that I last saw h alive on August 30th, 1932, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Lues Cerebri.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Luetic reaction

(Signed) [illegible], M. D.

, 19 (Address) 3005 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross G.G. Date of Burial: Sept 2 1932

20 UNDERTAKER: Frank E Cracknell ADDRESS: 1906 Eutaw St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 82539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82539

CERTIFICATE OF DEATH

160-002

Registered No. 25-77

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bartholmas Secoura

(a) Residence: No. 1626 Benhill Ave- Curtiss Bay Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Dec 28/31~~

6. DATE OF BIRTH (month, day, year) Aug 28/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph Secoura

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Bessie Tredwell

16. BIRTHPLACE (city or town) (State or country) Balto ., Md.

17. INFORMANT Joseph Hospital
(Address) 1626 Benhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 2, 1932

19. UNDERTAKER Frank Grack Son
(Address) 1906 Eastern Ave

20. FILED SEP 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Birth Injury	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Adams Coroner, M. D.

(Address) 1006 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-30—M&T—250 Bks.

E 82540

✓ E 82540 6-9/47

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 532 Oxford ST. 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Burgess

(a) RESIDENCE NO. 532 Oxford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ or (or) WIFE of: Joseph Burgess

6 DATE OF BIRTH (month, day, and year): March 29-1888

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Point Md

PARENTS

10 NAME OF FATHER: Frank Smoot

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Point Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Joseph Burgess 532 Oxford St

15 Filed 9/2 1932 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2, 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932 to Sept 2 1932

that I last saw her alive on Sept 1, 1932

and that death occurred, on the date stated above, at 2. a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Hawkins M. D.

19 Filed 9/2 1932 (Address) 605 W. Lanvale Balto City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Annapolis Rd

DATE OF BURIAL: 9/5/1932

UNDERTAKER: Chas. E. Hicks Jr.

ADDRESS: 34 Fallmont St Annapolis Rd.

TION is very important. See instructions on back of certificates.

M. D. B. 1269-9

E 82541 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82541

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 S. Clinton St. 26-37 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME William H. White

(a) Residence: No. 1313 S. Clinton St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. White

6. DATE OF BIRTH (month, day, year) July 3 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James W. White

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jane C. Lewis

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Deborah Holz

(Address) 1313 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Sept 5 1932

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St

20. FILED Sept 7, 1932 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Sept 1, 1932

I last saw h[illegible] alive on June 3, 1932. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerosis	Gradual
Other contributory causes of importance:	
Chronic Myocarditis	Gradual

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

9/1/32 (Address) 16 S. Howard [illegible]

M. D. H. 1932

E 82542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82542

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 S. Highland Ave St. 26-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Williams

(a) Residence: No. 1324 S. Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Williams

6. DATE OF BIRTH (month, day, year) Jan. 2 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Wales

FATHER

13. NAME John Reynon

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Sarah Williams
(Address) 1324 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Sept 3 , 1932

19. UNDERTAKER George W Zinkler
(Address) 1737 E Eager St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 , 1932 to Aug 30 , 1932

I last saw h-er alive on Aug 30 , 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Other contributory causes of importance: Acute Myocarditis	2 days 8/28/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H.B. Titlow M. D.

(Address) 315 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-1 157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Elliott St. St., 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Mae Bauersfeld

(a) Residence: No. 3100 Elliott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Bauersfeld

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Carrie Weber

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Carrie Bauersfeld
(Address) 3100 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Cem. Date Aug 2, 1932

19. UNDERTAKER George W. Finkelen
(Address) 1737 E. Eager St

20. FILED Aug 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932 to Aug 31, 1932

I last saw her alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital	
Cardiovascular	Feb. 1932

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82544 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82544

CERTIFICATE OF DEATH

82-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Elliott St. St., 1-1 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Maxmillian Matzdorf

(a) Residence: No. 2906 Elliott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda A Matzdorf

6. DATE OF BIRTH (month, day, year) Aug 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Matilda A. Matzdorf
(Address) 2906 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Cemt. Date Sept. 4, 1932

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. EAGER ST.

20. FILED ..., 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1, 1928, to Sept 1, 1932

I last saw h[illegible] alive on Sept 1, 1932 Death is said to have occurred on the date stated above, at 6:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-31-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. Keller Sr. M. D.

(Address) 1737 Eager St

M. D. B. 1268-9

E 82545 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82545

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Louisa Waddy

(a) Residence: No. 1117 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Claude Waddy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna L. Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna L. Smith

(Address) 1117 Division St

18. BURIAL, CREMATION, OR REMOVAL.

Place M. C. C. Date 7 2 1932

19. UNDERTAKER Edw. W. Frazier Son

(Address) 625 E. Biddle

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition due to prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Gilpin Coroner, M. D.

(Address) 739 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 82546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82546

163

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square ST. Hospital WARD

2-FULL NAME Richard Mosely 19-28

(a) RESIDENCE NO. 1611 Cole ST., ... WARD .....

(Usual place of abode) about

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Card-writer
(b) General nature of industry, business, or establishment in which employed (or employer) -do-
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER John Mosely

11 BIRTHPLACE OF FATHER (city or town) Middleboro (State or country) Kentucky

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Ky. (State or country)

14 Informant Geo Callison

(Address) Middlesboro Ky

15 Filed Aug 29, 1932 Huntington Williams, N.Y. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Strychnine Poisoning

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

9/1. 1932 Address 2031 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Middlesboro Ky.	Aug 29 1932
20 UNDERTAKER Edward Loudon	ADDRESS Wash Blvd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 82547 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82547

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Canterbury Road St. 12-49 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Russell

(a) Residence: No. 3907 Canterbury Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Russell

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rebecca Russell

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Olive R. Gilpin
(Address) 211 Stoney Run Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemy. Date 9/2/32 19

19. UNDERTAKER by C. Mitchell & Sons
(Address) 1200 Eutaw Place

20. FILED 4 Sept 19 32 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, Specify)

(Signed) ..... Coroner . M. D.

(Address) 762 W. Lanvale

AdCo. 5-11 250B

E 82548 HEALTH DEPARTMENT—CITY OF BALTIMORE B 82548

CERTIFICATE OF DEATH

Registered No. 149-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-16 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Mrs. Anna Hankin

(a) Residence: No. 1800 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Isaac Hankin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dave Krown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Vn Krown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Hankin
(Address) 1800 N. Gay st

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date 9/2/32

19. UNDERTAKER Jack Levin Inc
(Address) 1431 E. Baltimore St

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1. 1932

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Sept 1, 1932

I last saw h[illegible] alive on Sept 1 1932 death is said to have occurred on the date stated above, at 8 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia — Lobar	8/30/32
[illegible]	1

Other contributory causes of importance:

Pneumococcus Septicemia	8/30/32

Name of operation Cesarean Section Date of 8/26/32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archer Baker Cohree M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 82549

E 82549 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 Center Place. St. 26-32 Ward) Life

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert George Rucko.

(a) Residence: No. 3717 Center Place. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31 1930.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Rucko.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Doro

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Anna Doro (mother)
(Address) 3717 Center Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem, Date Sept. 2nd 1932.

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from aug 30th . 1932 to Sept 1st . 1932

I last saw him alive on Sept. 1st . 1932. Death is said to have occurred on the date stated above, at 8:30A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Adam Tod M. D.

(Address) 4616 Eastern Ave

M. D. B. 1268-9

E 82550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82550

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Belvedere St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Jones.

(a) Residence: No. 3507 Belvedere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Clerk 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME John W Jones.

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Roberta H Smith

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT Mrs Nellie E Boyd
(Address) 3507 Belvedere. Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet. Date 9/2/32

19. UNDERTAKER J Frew McClelland
(Address) 128 E Fort Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Tabes Dorsalis
Years

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Thomsen M. D.
(Coroner)

(Address) 5132 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

E 82551 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82551

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 E. Monument St. St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis C. Semmler

(a) Residence: No. 3103 E. Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Semmler

6. DATE OF BIRTH (month, day, year) Oct. 7, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Frank Semmler

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Minnie Semmler
(Address) 3103 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthew Cem. Date Sept. 3, 32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... By ... Registrar.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Aug. 31, 1932

I last saw him alive on Aug. 31, 1932 Death is said to have occurred on the date stated above, at 12 m

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis. — Date of onset

Other contributory causes of importance:

Acute dilatation of heart.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm J Schmidt, M. D.

(Address) 701 N. Fulton Ave.

Spec.—9 30—A. & Co.—250 Bks

E 82552 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82552

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th & Cornick Rd ST. 13-52 WARD)

2 FULL NAME Mrs Addie Price ~~Sweeny~~ Sweeny

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Augustus W. Sweeny ~~Sweeny~~

6 DATE OF BIRTH (month, day, and year) Oct 21 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11 10	11 10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Music teacher
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Richard Price
11 BIRTHPLACE OF FATHER (city or town) Montgomery Co
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Elizabeth Ann Thomas
13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Maryland

14 Informant Hospital Records
(Address) 40th & Cornick Rd

15 Filed SEP 2 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feby 2, 1932, to Sept 1, 1932
that I last saw h/r alive on Sept 1, 1932
and that death occurred, on the date stated above, at 7.15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral oedema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No Physical exam
What test confirmed diagnosis? —

(Signed) W W B Mayo M. D.
Sept 1, 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem — DATE OF BURIAL Sept 2 1932

20 UNDERTAKER Wm J. Tuckey & Son — ADDRESS Nath. Pl

TION is very important. See instructions on back of certificates.

E 82553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82553

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Edmondson Ave. 28-19 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Tyler White

(a) Residence: No. 2905 Edmondson Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie White

6. DATE OF BIRTH (month, day, year) Nov. 16, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photo Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Soft .086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burlington N.J.

FATHER

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Adeline Tyler

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs Nellie White

(Address) 2905 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Sept 2, 32

19. UNDERTAKER Wm H. Tucker & Son

(Address) Norris & Graves

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9th, 1932, to Aug. 31, 1932

I last saw h.. alive on Aug. 31, 1932. Death is said to have occurred on the date stated above, at 3.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	15 yrs.
Other contributory causes of importance:	
Cerebral Embolism	10 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No ..If so, specify —

(Signed) Isaac C. Jackson M. D.

(Address) 3055 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 82554 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82554

CERTIFICATE OF DEATH. 49

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 700 W. 40th St 13-52 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Everett Badders

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? 12 yrs. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 14 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Towson Maryland

PARENTS

10 NAME OF FATHER Henry Hartman Badders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co

12 MAIDEN NAME OF MOTHER Edith Scott Bousal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co

14 Informant Home for Incurables Records
(Address) 40th & Falsmead Road

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31-193x

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 1932, to 8-31, 1932, that I last saw h[illegible] alive on 8 31, 1932 and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:
Sarcoma Ovary.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exploratory

(Signed) N. B. Hanford Hopkins M. D.

8/31/193x (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Sept 2 193x

20 UNDERTAKER H. J. Tickner & Sons — ADDRESS Towson

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 82555 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82555

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Home for Incurables 52

CITY OF BALTIMORE: (No. 1313 St. 52 Ward)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Angelina Wilson

(a) RESIDENCE No. Home for Incurables St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Widowed William P. Wilson

6 DATE OF BIRTH (month, day, and year) Jan 3, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER Anderson Parton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Martha Hiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant (Address) Mrs. Arthur E. Steele 507 Chapel Gate Lane

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1-32

17

I HEREBY CERTIFY, That I attended deceased from Apr 27, 1927 to Aug 31, 1932

that I last saw h alive on Aug 31, 1932

and that death occurred, on the date stated above, at 12 50 A. m.

The CAUSE OF DEATH* was as follows:

Senility — Generalized Arteriosclerosis — over (duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Epithelioma of face (frontal) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. W. B. Mayo M. D.

9/1, 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Sept 2nd 32

20 UNDERTAKER Wm J. Tickner Sons — ADDRESS Norfolk Va

ATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

82556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** R 82556

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 White Ave St. 27-43 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 79 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine M. Lightheiser

(a) Residence: No. 3119 White Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles A. Lightheiser

6. DATE OF BIRTH (month, day, year) February 11-186x

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles A. Lightheiser

(Address) 3119 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Carlton R Cem Date Sept 3 . 193x

19. UNDERTAKER Wm J Pickrodt & Sons

(Address) 1000 Park Ave

20. FILED . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 193x

22. I HEREBY CERTIFY, That I attended deceased from Oct x 20 . 19 29 to Sept x 1 . 19 32

I last saw her alive on Aug x 1 . 19 32 Death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Oct x 29

Other contributory causes of importance:

Cerebral Hemorrhage (Age)

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Richardson M. D.

(Address) 1120 W. 20th St

M. D. B. 1268-9

E 82557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82557

CERTIFICATE OF DEATH

51

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Fred M. Kipp

(a) Residence: No. 1524 E 33rd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... mins.
	63	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Mr. Geo. Kipp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Valkenaer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Forrajne Cem. Date Sept 3, 1932

19. UNDERTAKER F. Sander & Sons Inc.

(Address) 1710 Eutaw St. Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1932 to 8-31, 1932

I last saw h alive on 8-31, 1932 Death is said to have occurred on the date stated above, at 4^00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Metastasis to Spine and Abdominal Cavity	6 Mos. ago
Other contributory causes of importance: Diabetes Mellitus	10 yrs. ago
Chronic Myocarditis	8 yrs. ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) E. D. Grayce M.D. M. D.

(Address) Maryland General Hosp.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 82558

E 82558

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N. Broadway ST. 8-17 WARD)

2-FULL NAME James D. Booz.

(a) RESIDENCE No. 1304 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 66 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	65	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet-Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Daniel Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Keziah Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash Co. Md.

14 Informant Anna E. Booz
(Address) 1304 N. Broadway

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/1/32.

17 I HEREBY CERTIFY, That I attended deceased from 1/27, 1932, to 9/1/32, 19...,
that I last saw him alive on 8/30, 1932,
and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis.

(duration) 1 yrs. ... mos ... da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Sigl. Fittman, M. D.

, 19 (Address) 1304 E. Close

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Sept 3 1932

20 UNDERTAKER H. Sander Sons Inc.

ADDRESS 1710 Eutaw St

FRONT—Very important. See instruction on back of certificate.

M. D. B. 1268-9

E 82559

82559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1045 Hollins St. 18-24 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Kennedy

(a) Residence: No. 1045 Hollins St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie H. Kennedy

6. DATE OF BIRTH (month, day, year) Jan 15, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres (Retired) 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Clothing Inc

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 6 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John T. Kennedy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ellen Richter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Fannie Kennedy
(Address) 1045 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 2, 1932

19. UNDERTAKER W. M. Cook
(Address) 1217 St Paul

20. FILED SEP 2 - 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Aug 31, 1932

I last saw him alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic intestinal obstruction due to hernia	

Other contributory causes of importance:

Exhaustion

Name of operation none Date of C

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury C 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Gustav Dill M. D.

(Address) 1432 Linden Ave

1-30—M & T—100 B—501

E 82560

HEALTH DEPARTMENT—CITY OF BALTIMORE

82 E 82560

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 845 Ostend ST. 21-24 WARD

2. FULL NAME Blanche Eldridge

(a) RESIDENCE NO. 845 Ostend ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Charles Eldridge

6 DATE OF BIRTH (month, day, and year) ? ? 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S. A. Co. Md.

12 MAIDEN NAME OF MOTHER Priscilla Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S. A. Co. Maryland

14 Informant Priscilla Green

(Address) 845 Ostend St.

15 Filed SEP 2 - 1932 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) Suddenly yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Not

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Thompson, M. D. Coroner

9/2, 1932 (Address) 823 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Sep 2nd 1932

20 UNDERTAKER E O Wilson ADDRESS 1100 Brantley Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. EXACT STATEMENT OF OCCUPATION is very important

M. D. B. 1268-9

E 82561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82561

CERTIFICATE OF DEATH

66-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 25-32 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Hood

(a) Residence: No. 2818 Mansel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Hood

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Adelaide Crommiller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reads
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place W. Md College Date Sept 2 . 1932

19. UNDERTAKER
(Address) [illegible]

20. FILED — 1932 7250 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 . 1932

22. I HEREBY CERTIFY. That I attended deceased from . 19 . to Aug 30 . 1932

I last saw her alive on Aug 30. 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Delany

Date of onset 8/27/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W Bickford Jr M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82562 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82562

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Warfield

(a) Residence: No. Ellicott City, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George Warfield
6. DATE OF BIRTH (month, day, year): 1858
7. AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co., Md.

FATHER
13. NAME: Henry ?
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Harriett ?
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hopkins Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Ellicott City Date 9/4 32

19. UNDERTAKER: Frank C. Higginbothom Jr.
(Address): Ellicott City Md.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep 2/32 19
22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... Death is said to have occurred on the date stated above, at 4 P.M.

I last saw h alive on

The principal cause of death and related causes of importance were as follows:
Diabetic Coma-Septicemia
Gangrene of toe.

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John H. Carroll Coroner M. D.
(Address) 508 E. Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

82563

HEALTH DEPARTMENT—CITY OF BALTIMORE

82563

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. St. Agnes College St. Washington (Ward) 5th

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? 50 yrs. — mos. — ds.

2. FULL NAME Sister M. Thecla Brennan

(a) Residence: No. Mt. St. Agnes College St. Washington Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 065

10. Date deceased last worked at this occupation (month and year): 1 yr

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Patrick Brennan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Prendergast

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Sr. M. Mildred

(Address) Mt. St. Agnes Mt Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt St. Agnes Cem Date 9/3 1932

19. UNDERTAKER Henry W. Mears and Son

(Address) 805 N. Calvert St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Aug 31 1932

I last saw her alive on Aug 25 1932 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	2/1/32
Other contributory causes of importance:	
Fibrinous Pleurisy (r.)	2/1/32
Broncho Pneumonia (r.)	8/29/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Raymond Pikes M. D.

(Address) 1908 W. Lexington St

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

V F 82564

E 82564 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 E. Eager St., 713 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Jackson

(a) Residence: No. 1640 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Jackson

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Ste l Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmsville, Va,

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Julia Jackson
(Address) 1640 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Dunmore Va Date 9-2 1932

19. UNDERTAKER Byrd & Mamie Wright
(Address) 1 Rear Eldersly St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 1/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Possibly Pulm. Tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Mason M. D.

(Address) 5086 York Coroner

M. D. B. 1268-9

E 82565

E 82565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 23-31 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Brown

(a) Residence: No. 167 W. Henrietta St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Brown

6. DATE OF BIRTH (month, day, year) June 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Robinson

16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 9/4/32 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED Sept 2 1932 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to Aug 30, 1932

I last saw him alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 6 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Many years ?
Diabetes Mellitus	
Diabetic Gangrene rt leg	2 months
Pyelonephritis	6 weeks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J H Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82566

CERTIFICATE OF DEATH

87-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2601 Gibbons Ave. St. 27-44 (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Ellen Wallace

(a) Residence: No. 2601 Gibbons Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May-4-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cross Roads York Co., Penna

FATHER

13. NAME William Wallace

14. BIRTHPLACE (city or town) (State or country) Cross Roads York Co. Penna

MOTHER

15. MAIDEN NAME Mary A. Knaps

16. BIRTHPLACE (city or town) (State or country) Pylesville Md.

17. INFORMANT Miss Elizabeth Wallace (sister)
(Address) 2601 Gibbons Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hopewell, nr Cross Roads, Pa. Date Sept 3/32 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1932 to Sept 1 . 1932

I last saw her alive on Aug 31 . 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hesemmata (multiple) Sclerosis	?
Other contributory causes of importance: Terminal Septicemia.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stephen Smith M. D.

(Address) 1107 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

Spec. -7-17-26 —A Co.—200 Bks.

E 82567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82567.

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Edgewood (Sanatarium) (St.) (Ward) 9+6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clement Mumma

(a) RESIDENCE NO. 2039 E. 31st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth A Mumma

6 DATE OF BIRTH (month, day, and year): Aug 16 1866.

7 AGE: Years 66 Months 0 Days 15

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garage Business

(b) General nature of Indostry, business, or establishment in which employed (or employer): O+S

(c) Name of employer

9 BIRTHPLACE (city or town): Raspberg

(State or country): Balto County

PARENTS

10 NAME OF FATHER: John T. Mumma

11 BIRTHPLACE OF FATHER (City or town): Raspberg Balto Co

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Lambson

13 BIRTHPLACE OF MOTHER (city or town): Salem N. J.

(State or country)

14 Informant: Mrs Eloise Connolly

(Address) 2039 E 31st St

15 Filed ..... 19 ..... Registrar

SEP 2 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1928 19 — to Sept 1 1932

that I last saw him alive on Sept 1 1932

and that death occurred, on the date stated above, at 4, 41 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart + Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edw. Finnemann M. D.

9/1 19 32 (Address) 2858 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Sep 1932

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

82568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82568

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1006 E. Lanvale St. St. 9-18 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Kelly

(a) Residence: No. 1006 E. Lanvale St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily B. Kelly

6. DATE OF BIRTH (month, day, year) November 27, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const. business

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Bryan Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Carr

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Michael Kelly
(Address) 1006 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept. 3rd. 19 32

19. UNDERTAKER Chas. F. Tracy & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED SEP 2 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30th. 19 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Aug 30, 1932
I last saw h alive on Aug 28, 1932 death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Bronchial asthma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas. Swink, M. D.
(Address) 4706 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 82569

E 82569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H6

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-46 Ward) 6

Length of residence in city or town where death occurred Lifetime yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Way

(a) Residence: No. 5505 Craig Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of :::::::

6. DATE OF BIRTH (month, day, year) Sept. 6, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
58	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatrical Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 & S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Way

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Rose Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lieut. John Way
(Address) 5505 Craig Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept 3 1932

19. UNDERTAKER Bar. F. Craig & Son
(Address) 1131 N. Regal Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to Aug 31 1932
I last saw him alive on Aug 31 1932 Death is said to have occurred on the date stated above, at 8 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urgemic Coma	8/30/32
Chr. Nephritis	?
Arteriosclerosis	?
Carcinoma of Rectum	May 1931
Other contributory causes of importance:	
Senile Dementia	1½ Yrs

Name of operation None Date of —
What test confirmed diagnosis? Physical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Wm. R. Gregg M. D.
(Address) 2725 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 82570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82570

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Mc Crossen

(a) Residence: No. 19 - W. 29th St. St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/18/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 yrs.	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John Mc Crossen

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Mc Laigh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss M. Crossen

(Address) 19 W. 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept 5th 1932

19. UNDERTAKER Chas. H. Grace & Son

(Address) Mt. Royal Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/28, 1932, to 9/1, 1932

I last saw her alive on 9/1, 1932 death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Diabetic Gangrene	7/24/32
Post. Aphasia Shock.	

Other contributory causes of importance:

C. V. D. Disease

Name of operation Amputation of Leg Date of 8/31/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Archie H Crawthorn M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82571

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3734 Mt, Pleasant Ave St., 76-27 Ward) 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jozef Brykowski

(a) Residence: No. 3734 Mt, Pleasant Ave St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of - - - - -
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan Brykowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Marie Kantorski
(Address) 3734 Mt, Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept 5th 1932

19. UNDERTAKER George A. Weber
(Address) 705 S Ann Street

20. FILED ... (Address) ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2 1932

22. I HEREBY CERTIFY, That I attended deceased from August 2 1932 to Sept 2 1932

I last saw him alive on Sept 1 1932 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	1 d
Arteriosclerosis	2 mos
Other contributory causes of importance:	
Excessive humidity	1 d
Heat Exhaustion	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Cuff M. D.

(Address) 3532 Chestnut Ave

M. D. B. 1268-9

E 82572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82572

CERTIFICATE OF DEATH

161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Warren St.) (Ward) 21-31

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Watson

(a) Residence: No. 1132 Warren St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
BUSHAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/2/32

7. AGE	Years	Months	Days	If LESS than 1 day, O hrs. 2 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Vernon Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elvira Watson

16. BIRTHPLACE (city or town) (State or country) Chesterstown Md.

17. INFORMANT Elvira Watson
(Address) 1132 Warren St.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Funeral Home Date Sept 2, 1932

19. UNDERTAKER Universal Funeral Home
(Address) 1132 Warren St.

20. Filed Sept 2, 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/2/32 to 9/2/32, 19.....

I last saw h... alive on 9/2/32. Death is said to have occurred on the date stated above, at 10.32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debility	9/2/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Vernon Myers M. D.

9/2/32 (Address) Universal Hospital

M. D. B. 1268-9

E 82573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82573

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 107
CITY OF BALTIMORE: (No. Balto. Md St., 3-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Flemings (Frank Flemons)

(a) Residence: No. 77 N. Temple St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md

FATHER

13. NAME Harry Fleming
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records, Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 8-3-32

19. UNDERTAKER David Easton
(Address) 916 E. Fayette Ave

20. FILED 1932 Walter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1932 to 8-30 1932
I last saw him alive on 8-30 1932 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	[redacted]
Bronchopneumonia	8-23-32

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

8-31-32 (Signed) Elmer H. Schlegel, M. D.
(Address) Balto. City Hospitals

AaCo. 5-31 250B

E 82574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82574

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Greenmount Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Leight

(a) Residence: No. 2030 Greenmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Henry Leight

6. DATE OF BIRTH (month, day, year) Sept 12 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	83	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Benjiman Sutton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles F. Leight
(Address) 2030 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Date Sept 4 1932

19. UNDERTAKER Joseph Sullivan & Son
(Address) 1217 E. Baltimore

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1932 to Sept. 1, 1932

I last saw her alive on Sept 1, 1932 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1932 Sept 1
Other contributory causes of importance:	
Arterial Sclerosis	

Name of operation ✓ Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Wm. J. Pillsbury M. D.

(Address) 15 Cedar ave

M. D. B. 1268-9

E 82575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 82575

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital K-129 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Scheeler

(a) Residence: No. 802 West Pratt St., Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Justus Scheeler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Rheinschmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Welsh
(Address) 802 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 3, 1932

19. UNDERTAKER McMurray John B. Kiefer Son
(Address) 501 N. Fayette St.

20. FILED Sept 2 1932 Wm. H. Wilmer M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1932, to 9-2, 1932

I last saw him alive on 9-2, 1932 Death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Nephritic Toxemia	8 31 32
Broncho Pneumonia	8 31 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harry J. Kelley, M. D.

(Address) Maryland Hospital

M. D. B. 1268-9

E 82576 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82576

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4415 Valley View Ave St. 26-4th Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. McClintock

(a) Residence: No. 4415 Valley View Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. McClintock

6. DATE OF BIRTH (month, day, year) July 25, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Kirkham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Winifred Kershaw

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jno. W. McClintock

(Address) 4415 Valley View Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept. 3 1932

19. UNDERTAKER Wm. E. Black

(Address) 927 N. Broadway

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1932 to Sept 1 1932

I last saw h[illegible] alive on Sept 1 1932. Death is said to have occurred on the date stated above, at 2 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J S Hardesty M. D.

(Address) 7810 Belair Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82577

CERTIFICATE OF DEATH

E 82577

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa A. Carter

(a) Residence: No. 1814 Division st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Birens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 9/3/32 19

19. UNDERTAKER Wm. Geo. A. Hollan & Co. David Gilbert
(Address) 16 W. Preston St.

20. FILED Sept 6 1932 Registrar. A. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 19 32

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 19 31 to Sept. 1 19 32

I last saw her alive on Sept. 1 19 32 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	8-31 32
Pulmonary Tuberculosis	8-1931
Other contributory causes of importance:	
Pneumonia	March 1931

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Steen M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 82578 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82578

CERTIFICATE OF DEATH

121 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. E. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard ~~Welsch~~ Welch

(a) Residence: No. 2303 East Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married), Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Welsch

6. DATE OF BIRTH (month, day, year) July 12-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John J. Welsch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Casby

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E. Welsch
(Address) 2303 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept. 3 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25-32, 1932 to 9-1-32, 1932

I last saw h.. alive on Sept 1st, 1932. Death is said to have occurred on the date stated above, at 12.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis — Peritonitis —	8/25/32
Other contributory causes of importance: Intestinal Obstruction	
Toxemia	8-27-32

Name of operation Appendectomy - Closure Date of 8/25/32

What test confirmed diagnosis? ... Was there an autopsy? 8/30/32

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) K. J. Young M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-9

E 82579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82579

CERTIFICATE OF DEATH X 66-202

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 344 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred just one yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Foy

(a) Residence: No. Mount Airy, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Foy

6. DATE OF BIRTH (month, day, year) Oct 9 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lloyd Summers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Robertson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Johns, Frederick Md - 9/5/32

19. UNDERTAKER Wm E Ent

(Address) 1219 E Fayette St Huntington Williams, Reg.

20. FILED 9-7-1932 A. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/5 , 1932 to 9/1 , 1932

I last saw h[illegible] alive on 9/1 , 1932 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypothyroidism	2 months
Coronary Thrombosis	1 month
2.	

Other contributory causes of importance:

Pneumonia	2 weeks

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J H Gundrum, M. D.

(Address) Mary Hospital

M. D. R. 1268-9

(Boerthner)

E 82580 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

354 E 82580

1. PLACE OF DEATH Balto City Hospital 6-11

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Boerthner

(a) Residence: No. 327 N. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Wm. Boerthner

6. DATE OF BIRTH (month, day, year) 12-19-13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Pfieffer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Bach -

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9/5/32

19. UNDERTAKER Philip Hetrick
(Address) 2016 Ashland Ave

20. FILED 9-6-32 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-27 1932 to 9-2 1932

I last saw her alive on 9-2 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Psychoses	?
Gonorrheal Vaginitis and endocervicitis	?
Other contributory causes of importance: Gonorrheal Septicemia	9-1-32

Name of operation No Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Wm. Bonner Schaffer, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82581 E 82581

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Scott St. 21-29 Ward) Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Sellman

(a) Residence: No. 521 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10th 1849

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83.	3.	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Sellman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hager

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary Sullivan
(Address) 521 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/ /1932

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Baltimore St.

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28. 1932 to Sept. 1 1932

I last saw her alive on Sept. 1 1932 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no ... If so, specify ...

9/2/32 (Signed) 1644 Hanover St. M. D.
(Address) 1167 Campbell

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82582 E 82582

CERTIFICATE OF DEATH

Registered No. 59V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Sommerman

(a) Residence: No. 2033 E Oliver St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillipina Sommerman

6. DATE OF BIRTH (month, day, year) April 13, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Sommerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 9-5 1932

19. UNDERTAKER Gilbert L. Tilt
(Address) 1606 N Charles Street

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-2 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1932 to Sept 2 1932

I last saw him alive on Sept-2 1932 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute, rupture	8/24/32
diabetes mellitus	
Other contributory causes of importance:	
Broncho - pneumonia	8/27/32

Name of operation Appendectomy Date of 8/26/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) I. R. Trimble M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

E 82583 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82583

CERTIFICATE OF DEATH

V 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 9-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME H. Robert Fields, Jr.,

(a) Residence: No. 814 Barnes Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) H. Baltimore, Md.

FATHER

13. NAME Robert Fields

14. BIRTHPLACE (city or town) (State or country) Portsmouth, Va

MOTHER

15. MAIDEN NAME Mildred Bowden

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert Fields
(Address) 814 Barnes Court

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Sept 5, 1932

19. UNDERTAKER Mrs. Rose P. Williams
(Address) 32 [illegible] Huntington Pl., N.W.

20. FILED Sept 6 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 2/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-intestinal Indigestion with diarrhea	2 wks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] . M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82584

CERTIFICATE OF DEATH

E 82584

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Franklin St.) (Ward) 27

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie Johnson

(a) Residence: No. 1510 Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Jas. Johnson

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Oscar Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Johnson

(Address) 1510 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Sept 6, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. Filed ..., 19... [illegible] Registrar.

3 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to Sept 1, 1932

I last saw her alive on Sept 1, 1932 Death is said to have occurred on the date stated above, at 11.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark E. Hanna M. D.

(Address) 625 Schroeder

M. D. B. 1268-9

E 82585 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82585

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 107-001

CITY OF BALTIMORE: (No. Baltimore Md St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Zegzdryn

(a) Residence: No. 833 S. Edward St. St., Ward.
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine —

6. DATE OF BIRTH (month, day, year) Nov 11 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Stanley —

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Eva —

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Record Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Sept 5 1932

19. UNDERTAKER John J Pyda
(Address) 2518 Hudson St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1932 to 9-1 1932

I last saw him alive on 9-1 1932 Death is said to have occurred on the date stated above, at 8:10 a.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-17-32
Other contributory causes of importance: Emphysema	unknown
Polycythemia secondary	unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

9-1-32 (Signed) Elmer Hajek M. D.

(Address) Balto City Hospitals

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82586

E 82586

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO 2063 Kennedy Ave ST.; 9-46 WARD)

2-FULL NAME Mary A. Fox

(a) RESIDENCE NO. 1433 Carswell ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: March 10, 1858

6 DATE OF BIRTH (month, day, and year) ~~March 8, 1857~~

7 AGE — Years: 75 — Months: 5 — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgetown, D.C.

PARENTS

10 NAME OF FATHER: Martin Usher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Peers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Thomas E. Fox 1433 Carswell St.

15 Filed 1932 Huntington Wilson, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 1 1932

17 I HEREBY CERTIFY, That I attended deceased from 8/25/32 to Sept 1, 1932, that I last saw her alive on Sept 1, 1932, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of Heart

(duration) yrs. mos. 2 Wks. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas F. Wade, M. D.

1932 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Sep 6 1932

20 UNDERTAKER: Frank A. Fink — ADDRESS: 915 N. Gay St.

THIS is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 82587 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82587

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Coady

(a) Residence: No. 305 Walker St St., Warren Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio. Pa.

FATHER

13. NAME Thomas F. Coady

14. BIRTHPLACE (city or town) (State or country) Ohio. Pa

MOTHER

15. MAIDEN NAME Julia Cleary

16. BIRTHPLACE (city or town) (State or country) Ohio. Pa

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/5/32, 19

19. UNDERTAKER [illegible] Eutaw St

(Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1932 to 9/2, 1932

I last saw h[illegible] alive on 9/2, 1932 Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days
Other contributory causes of importance: Pulmonary edema	2 days

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Goodman, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82588 E 82588

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Harford Road St. 9-46 Ward)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? Life mos. ds.

2. FULL NAME Christina J. Beierschmidt

(a) Residence: No. 2108 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Michael Baierschmidt

6. DATE OF BIRTH (month, day, year) April 28 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework & home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Rosenstock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Beierschmidt

(Address) 2108 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Sept. 5 1932

19. UNDERTAKER Henry Kreck Sons, Inc

(Address) 801 E Eager 1

20. FILED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1932 to 9-1 1932

I last saw her alive on 9-1-1932 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	9/1/32
Aorta Sclerosis	4 yrs.
Other contributory causes of importance	
Myocardial Insufficiency	9/1/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Nuzum M. D.

(Address) 1500 N Eden

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82589

CERTIFICATE OF DEATH

82589

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Ailsa Ave St. 27-44 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mary E. Kurz

(a) Residence: No. 2904 Ailsa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Late Frederick Kurz

6. DATE OF BIRTH (month, day, year) July 2d 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Bockrath

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Brennan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Joseph Kurz

(Address) 2904 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Redeemer Cem Date Sept. 5 1932

19. UNDERTAKER Henry Heath Sons, Inc.

(Address) 1301 E Eager St

20. FILED Sept 6 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1932 to Sept 1 1932

I last saw her alive on Sept 1 1932 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arterio Sclerosis	

Other contributory causes of importance:

Hypostatic Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas Emrich M. D.

(Address) 4702 Harford Road 9/7/32

M. D. H. 1268-9

82590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82590

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Echodale Ave St. Hamilton 27-44 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Andrew G. Sporrer

(a) Residence: No. 2810 Echodale ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Kunigunda E. Sporrer

6. DATE OF BIRTH (month, day, year) Jan. 21 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Sporrer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Kunigunda Sporrer

(Address) 2810 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Sept. 5 1937

19. UNDERTAKER Venzey Hoen Lord, Inc

(Address) 351 E. Eager St

20. FILED 1937 Sept 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1937 to Sept 1 1937

I last saw him alive on Sept 1 1937 Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 7 years
Other contributory causes of importance: Arterio-Sclerosis	about 12 years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas B. Green M. D.

(Address) 5543 Harford Ave City

M. D. H. 1268-9

E 82591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82591

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Greenway Apts. St. 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Etta E. Garnett

(a) Residence: No. Chas. & 34th. Sts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Louis H. Garnett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Laura Spier

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT John M. Lyell
(Address) Continental Bldg.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Sept 3, 1932

19. UNDERTAKER Wm. C. Mitchell & Sons
(Address) 1200 Eutaw Place

20. FILED ... 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner M. D.
(Address)

M. D. B. 1268-9

B 82592

82592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 27 · 54 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wilson

(a) Residence: No. 2030 2085 Kelly Ave St., Ward W. Washington
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jenny (name)

6. DATE OF BIRTH (month, day, year) March 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nightman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Chf.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sara Commodore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Sept 4 33

19. UNDERTAKER Samuel J. Hemsley
(Address) 1918 E. Biddle St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 . 1932 to Sept. 1 . 1932 That I saw him alive on Sept. 1 . 1932 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

Hypertrophy of Prostate
Hypertension — Arteriosclerosis
Myocardial Insufficiency

Name of operation Prostatectomy Date of 8-31-32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. R. Trimble M. D.

(Address) Johns Hopkins Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

82593

CERTIFICATE OF DEATH 82-001 E 82593

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Forrest St., 10-15 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Elwood

(a) Residence: No. 1113 Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: late Stephen Elwood

6. DATE OF BIRTH (month, day, year): Mar 3 [illegible]

7. AGE: Years 70; Months 3; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Bernard Tamahan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Eads

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): 1113 Forrest St Mary Elwood

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Sept 5, 1932

19. UNDERTAKER (Address): Geo. Pickford

Sept 6 1932

20. FILED ..... 19..... Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to Sept, 1932

I last saw her alive on Sept 2, 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Sclerosis	
Other contributory causes of importance: Cerebral tumor Hage	Sept. 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Mary E Vogelsen, M. D.

(Address) 1098 Vine St

M. D. H. 1268-9

E 82594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82594

CERTIFICATE OF DEATH

13-112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvin Thomas Ross

(a) Residence: No. 241 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct/1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Calvin Thomas Ross

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Daisie Reese

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Calvin Thomas Ross
(Address) 241 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt auburn Cemetery Date Sept 3, 1932

19. UNDERTAKER Elmer Bryan
(Address) 1631 Arlington Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysemtery with Hemorrhages	
Other contributory causes of importance: Lobar Pneumonia ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. J. Warren, M. D.
Coroner
(Address) 506 E Fayette

M. D. B. 1268-9

E 82595 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82595

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.. ....mos. ....ds. How long in U. S. If of foreign birth?.... yrs.. ....mos. ....ds.

2. FULL NAME Mattie Sorrell

(a) Residence: No. 1309 Druid Hill Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Sorrell

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis Watkins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louis Sorrell

(Address) 1309 Druid Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-2-32

19. UNDERTAKER Druid Funeral Home

(Address) 1309 Druid Ave

20. FILED Sept 3 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932 to Sept 1 1932

I last saw h[illegible] alive on Sept 1 1932 Death is said to have occurred on the date stated above, at 8551 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis with Myocardial Infarction	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. T. Young M. D.

(Address) 17 Forest Park Ave

A&Co. 5-31 250B

E 82596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82596

CERTIFICATE OF DEATH

Registered No. 172-002

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-246 St., ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lee Makemson

(a) Residence: No. Louise Lane, Md. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Mr. L. Lester Makemson

6. DATE OF BIRTH (month, day, year) June 21 1873

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	59	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisa (State or country) Va.

FATHER

13. NAME Peter Carmichael

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sara Watson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Rec. (Address)

18. BURIAL, CREMATION, OR REMOVAL. Date Dec 5 1932

Pikesville Cem. Lawn Co.

19. UNDERTAKER (Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1932 to 12-3 1932

I last saw her alive on 12-3 1932 death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	11-23-32
Paralytic Ileus	

Other contributory causes of importance:

Myocardial Failure	12-2-32

Name of operation Laparotomy Date of 8-26-32

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. J. Hayes M. D.

(Address) Maryland Gen. Hospital

Spec.—9 30—A. & Co.—250 Blks

E 82597 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82597

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 811 N. Bond St. 7-13 WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine A. Kiah

(a) RESIDENCE No 811 N. Bond St. WARD 7

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	widow

3a If married, widowed, or divorced (or) WIFE of Charles Kiah

6 DATE OF BIRTH (month, day, and year) UNKNOWN

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER UNKNOWN

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER ___ Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

14 Informant (Address) Sadie Handy 811 N. Bond St

15 Filed ___ 1932 146 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/32

17

I HEREBY CERTIFY, That I attended deceased from 8/2, 1932 to 9/3, 1932

that I last saw her alive on 9/3, 1932

and that death occurred, on the date stated above, at 6.10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemmorhage (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Interstial Nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

, 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md — DATE OF BURIAL Sept 4 1932

20 UNDERTAKER Robert F. Williams — ADDRESS 1515 McElderry St

M. D. R. 1930

E 82598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82598

CERTIFICATE OF DEATH

+ 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. Ka-37 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patsy Cappi

(a) Residence: No. Fort Howard, Md St, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12th Infantry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Old Forge, Pa

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lieut Sidney Worten
(Address) Fort Howard

18. BURIAL, CREMATION, OR REMOVAL
Place Old Forge Pa Date Sept 4, 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19.. to ....., 19..
I last saw h alive on Injury 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of Skull	9/4/32
Other contributory causes of importance:	
Automobile accident	9/4/32

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/2, 1932
Where did injury occur? Was at or near Bear Creek (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Steel accident
Manner of injury Auto in which he was riding struck a pole
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Storny M. D.
Coroner
(Address) 1230 E Madison St

M. D. B. 1268-B

E 82599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82599

263512

Ted

CERTIFICATE OF DEATH

97V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 14-20 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Tormey

(a) Residence: No. 20 McMechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, year) 3/25/63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Hafford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 6th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 7 1932, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1932 to 9-2-1932

I last saw h[illegible] alive on 9-2-1932. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Arteriosclerosis	
2 Pneumonia	
Heart Failure	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph G. Hills, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 82600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82600

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

Registered No. 1317

CITY OF BALTIMORE: (No. Sinai Hospital St., 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Dora Johnson

(a) Residence: No. 214 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William F. Johnson

6. DATE OF BIRTH (month, day, year) Apr 2nd 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry West Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm F. Johnson

(Address) 214 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Dorsey Md. Date Sept 5th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1932 to Sept 2, 1932

I last saw her alive on Sept 2, 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset

Other contributory causes of importance:

Hypostatic pneumonia

Arteriosclerosis

Chronic nephritis with edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Cohen, M. D.

(Address)

-30—M & T—100 B—50L

82601

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-0

E 82601

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 915 N. Port St. 7-17 (ST., WARD)

2-FULL NAME Emma Taylor

(a) RESIDENCE NO 915 N. Port ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Joseph B. Taylor

6 DATE OF BIRTH (month, day, and year) Dec 17th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret M. Taylor
(Address) 915 N. Port St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency-

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension- Ascites

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] Coroner, M. D.

9/2/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Sept 5th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

M. D. B. 1268-9

E 82602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82602

CERTIFICATE OF DEATH

#61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3245 Fait Ave. St., 26-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret B. Amtman.

(a) Residence: No. 3245 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Amtman.

6. DATE OF BIRTH (month, day, year) June 17th 1849.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Rauh

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Soenlein

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. J. Trumpeter (Daughter)
(Address) 3245 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 5th 19 32

19. UNDERTAKER Libly & Leiter Inc.
(Address) 403 S. Broadway St.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 32 to Sept 1, 19 32
last saw h-er alive on Sept 1, 19 32 Death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver + abdomen	Gradual

Other contributory causes of importnnce:

Chronic Hypostatic Pneumonia	8/30/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Dnte of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. R. 1268-9

E 82603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82603

CERTIFICATE OF DEATH

1911

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3207 Foster Ave. St. 36-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Buschelberger.

(a) Residence: No. 3207 Foster Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Buschelberger.

6. DATE OF BIRTH (month, day, year) March 27th 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Frank Mayer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marie Buschelberger (daughter)

(Address) 3207 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Sept. 5th 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2/32. 19

22. I HEREBY CERTIFY, That I attended deceased from July 9 - 1932, to Sept. 2 - 1932

I last saw her alive on Sept 2 - 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Renal Hypertension

Date of onset

Other contributory causes of importance:

Heat - Exhaustion -

Contributory

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) 125 S. Howard

M. D. B. 1268-9

E 82604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82604

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepard Hospital St. 15-21 Ward)

Registered No. 147

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ola Camp

(a) Residence: No. 1503 N. Stricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Freeman Camp

6. DATE OF BIRTH (month, day, year) June 18/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gafney, S.C.

FATHER

13. NAME Henloe Jolly

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Sicily Ross

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Freeman Camp
(Address) 1503 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Gafney S. C. Date Sept 6 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED 2[illegible] 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Toxemia	
(Pregnanc, 8 1/2 mons)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. H. Hagen Coroner, M. D.

(Address) [illegible]

M. D. R. 1268-9

E 82605

E 82605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Etting St. 14-20 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Ridgley

(a) Residence: No. 1814 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Ridgely

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Ridgly
(Address) 1814 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Sept 5 . 1932

19. UNDERTAKER Thomas E. Kelan
(Address) 1303 Freartman St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 3/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 A.M. ?

The principal cause of death and related causes of importance were as follows:

Acute Diarrhea
type undetermined
(Bottle fed)

Date of onset 2 ds

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Patton Coroner . M. D.

(Address) 508 E Fayette

M. D. R. 1265 A

82606

E 82606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23V

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 14-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adolph Jackson

(a) Residence: No. 1618 Madison ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Harvey Jackson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Delilah Watson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Sept 4. 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 13 1932 to August 31 1932

I last saw him alive on August 31 1932 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signed) Dennett A. Steen M. D.

(Address) Baltimore City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

82607

E 82607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

1—PLACE OF DEATH

(CITY OF BALTIMORE: (No. Canterbury Road & 39th St. 12-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Earl C. Wight

(a) RESIDENCE NO. Canterbury Road & 39th

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nan Lance

6 DATE OF BIRTH (month, day, and year): July 4, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst. General Freight Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B. & O. Railroad

9 BIRTHPLACE (city or town): Columbus

(State or country): Ohio

PARENTS

10 NAME OF FATHER: Charles Stone Wight

11 BIRTHPLACE OF FATHER (city or town): -----

(State or country): Ohio

12 MAIDEN NAME OF MOTHER: Anna Mauthe

13 BIRTHPLACE OF MOTHER (city or town): -----

(State or country): Ohio

14 Informant: Mrs. Nan Wight

(Address): Canterbury Road & 39th St.

15 Filed Sept 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 2, 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to Sept 2, 1932,

that I last saw him alive on Sept 2, 1932

and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Pulmonary Hemorrhage

By history (duration) 1 yrs. 6 mos. ds.?

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm S. Fox Jr, M. D.

, 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 9/5 19 32

20 UNDERTAKER: Henry H. Mears and Son

ADDRESS: 805 N. Calvert

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82608 E 32608

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 9-17 Ward)

Length of residence in city or town where death occurred ... mos. 17 ds. How long in U. S. If of foreign birth 54 yrs. ... mos. ... ds.

2. FULL NAME Anna Bertha Heinz

(a) Residence: No. Cleveland, Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard F Heinz 1888

6. DATE OF BIRTH (month, day, year) Feb 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ida Heinz
(Address) Cleveland Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 5, 1932

19. UNDERTAKER R. F. Curley
(Address) 700 E. North Ave

20. FILED Sept 5 1932 H. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1932 to Sept 2, 1932
I last saw h.. alive on Sept 2, 1932 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructing Cancer Sigmoid Flex.	
Cholelithiasis	
Carcinoma Pancreas with Metastases to Liver	
Other contributory causes of importance:	
Toxemia from Cholemia	

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) K. F. Young M. D.
(Address) St. Joseph's Hosp

M. D. B. 1268-9

E 82609 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82609

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 23-32 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence A Snyder

(a) Residence: No. 1621 Race St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillian Snyder

6. DATE OF BIRTH (month, day, year) Nov 20 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas and Elec. Co
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Francis Snyder
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Bayne
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Lillian Snyder
(Address) 1621 Race St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Hill Date Sept 6, 1932

19. UNDERTAKER E. Howard Sons
(Address) 326 Fort Ave

20. FILED Sept 6 1932 Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1932 to Sept. 3, 1932
I last saw him alive on Sept. 3, 1932 Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Necrotis, left leg & thigh	9/1/32
Septicemia	9/2/32
Terminal myocardial failure	9/3/32
Other contributory causes of importance:	
Imputed alveolar process of superior maxilla (right)	8/30/32
Imputed N. autumn extraction of teeth and	9/2/32

Name of operation, premature Date of 9/1/32
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. L. Currie M. D.
(Address) University Hospital

AACo. 5-31 250B

82610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82610

CERTIFICATE OF DEATH

Registered No. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Maryland Ave 12-5 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Chamberlain

(a) Residence: No. 2600 Maryland Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
F.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	X	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chester Md

MOTHER FATHER

13. NAME Alexander Chamberlain

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elma Kemp

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Eleanor Symthers
(Address) 2600 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Hill Park Date Sept 5 1932

19. UNDERTAKER Putnam & Son
(Address) 2220 N Charles St

20. FILED Sept 6 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2 1932 to Sept 2 1932

I last saw her alive on Sept 1 1932 death is said to have occurred on the date stated above, at 4.25 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset April 1931

Other contributory causes of importance:

Excessive Heat

Name of operation None Date of

What test confirmed diagnosis? Myocardial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) H. N. Kruger M. D.

(Address) Wentworth Apts

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82611

E 82611

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lelie L. Strong

(Residence in Baltimore: No. 1017 E Baltimore St. St.; 47 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. March 29th, 1885 (Month) (Day) (Year)

7-AGE. 50 yrs. 5 mos. 5 ds.

If LESS than 1 day, ... hrs. or ... mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Adam Yeager

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Eliza Reed

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver H. Strong

(Address) Jerrysville Md.

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 2, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932 to Sept. 2, 1932, that I saw her alive on Sept. 2, 1932, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH was as follows:

Pneumonitis, Probably Streptococcic Type

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 10 yrs. ... mos. ... ds.

(Signed) George A. Andrews M. D.

Sept. 2, 1932 (Address) 1017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Sept 5, 1932

20-UNDERTAKER Latham Bros.

ADDRESS 2524 N. Charles St.

Huntington, Williams, N.Y.

P 4 1932

M. D. B. 1268-9

82612 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82612

CERTIFICATE OF DEATH

15-58 186-607

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs mos. ds.

2. FULL NAME Esther Hoffman

(a) Residence: No. 2639 Loyola Northway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Simon Hoffman

6. DATE OF BIRTH (month, day, year) ????? 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Kimmel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Edith

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT J. Hoffman

(Address) 931 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Cem. Date 9-4-32. 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3-32. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 19 32 to Sept 3 19 32

I last saw h alive on Sept 3 19 32 Death is said to have occurred on the date stated above, at 7 45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hypostatic Pneumonia	8/26/32
Other contributory causes of importance: Coronary Throm. Fatal Pt. Tumor	8-26-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 8/26 19 32

Where did injury occur? At Home Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Slipped on stair & fell

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Weiss M. D. Coroner

(Address) 506 E Bank Ave

M. D. B. 1268-9

82613 HEALTH DEPARTMENT—CITY OF BALTIMORE 82613

CERTIFICATE OF DEATH + 121 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. (2-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Carree

(a) Residence: No. Stanford, Carree St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mc	W	married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lydia C. Carree-Felia b.

6. DATE OF BIRTH (month, day, year) May 5 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 36

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal & Power Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaufmann Creek Pa
(State or country)

FATHER

13. NAME John E Carree

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Julia Babcock

16. BIRTHPLACE (city or town) Pa
(State or country)

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Olean N.Y. Date Sept 6 1932

19. UNDERTAKER Conroy Tidkine & Sons
(Address) Port Penn Del.

20. FILED Sept 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1932 to Sept 4 1932

I last saw h.. alive on Sept 4 1932. Death is said to have occurred on the date stated above, at 7:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Aug 31 32

Other contributory causes of importance:

Chronic nephritis	1928 32
Arteriosclerosis	

Name of operation None Date of 8 31 32

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H Shackenford M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

E 82614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82614

264

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-9 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph Moore

(a) Residence: No. 3500 Eastern Ave, NE St., Ward. Washington DC
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenanceman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Frank Moore

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Shelton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date Sept. 4 1932

19. UNDERTAKER Wm. G. Schaeffer
(Address) 1816 E. Monument St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept- 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept- 2, 1932 to Sept- 4, 1932

I last saw him alive on Sept- 4 1932 Death is said to have occurred on the date stated above, at 4.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dermatitis exfoliativa	8-22-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

E 82615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82615

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3441 E. Pergman ST., 27-56 WARD

2-FULL NAME Edward T. Hard

(a) RESIDENCE NO. 3441 E. Pergman ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie M. Hard

6 DATE OF BIRTH (month, day, and year) 9-9-87

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Gas & Electric Co

9 BIRTHPLACE (city or town) Colvert Co
(State or country) Md.

PARENTS

10 NAME OF FATHER T. E. Hard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lola Sterling

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Colvert Co Md

14 Informant Edward T. Hard
(Address) 3441 E. Pergman

15 Filed ....., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:
Carcinoma
Right Side of face

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul H. Reese, M. D.
Coroner
9/4, 19.. (Address) 3632 Poplar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Sept 5th 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul

AACo. 5-31 250B

82616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82616

CERTIFICATE OF DEATH

32-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1509 Mulberry St. 6-9 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearline Lee Brown

(a) Residence: No. 1509 Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Wid

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Willie Brown

6. DATE OF BIRTH (month, day, year) 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Christopher Watson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Rebecca Grant

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Willie Brown
(Address) 1509 Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Date Sept 6, 1932

19. UNDERTAKER Ernest Pree
(Address) 135 W Hanover St

20. FILED Sept 7, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to Sept 2, 1932

I last saw her alive on Sept 2, 1932 death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Aug 1932
Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.
(Address) ...

M. D. H. 1268-9

82617

HEALTH DEPARTMENT—CITY OF BALTIMORE 82617

CERTIFICATE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 2-4 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 32 yrs. ... mos. ... ds.

2. FULL NAME Grace DeCrescent

(a) Residence: No. 1729 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph DeCrescent

6. DATE OF BIRTH (month, day, year) 12/4/70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Mauro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Pizzi

16. BIRTHPLACE (city or town) (State or country) Unknown Italy

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 9/5/32

19. UNDERTAKER Frank G. Pepersone (Address) 2818 E. Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Sept 3, 1932

I last saw her alive on Sept 3, 1932. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor
Operation Sept. 1, 32
Basal Cell Carcinoma

Date of onset June 32

Other contributory causes of importance:

None

Name of operation Right Craniotomy Date of Sept. 1

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) I. R. Trimble M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1266-9

E 82618

E 82618 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-22 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 E. Lanvale St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME S. Susie Stansbury

(a) Residence: No. 1430 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) May 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Stansbury

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriet Trego

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Charles W. Poehlman
(Address) 1430 E. Lanvale St. (Neice)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date September 5, 1932

19. UNDERTAKER Henry Sander & Sons. Inc
(Address) Baltimore St. & Broadway.

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3. 1932 19

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Sept 3 1932
I last saw her alive on Aug 27 1932 Death is said to have occurred on the date stated above, at 9.05 a. m.

The principal cause of death and related causes of importance were as follows:

Emaciation, & Infirmities of age — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. P. Carman M. D.
(Address) 1701 N. Carlton st

M. D. H. 1268-9

E 82619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82619

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Highland Ave. St. 26-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME BARNEY ALEXANDER

(a) Residence: No. 318 S. Highland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Alexander

6. DATE OF BIRTH (month, day, year) June 17, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	31	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Thomas J. Alexander

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Minnie Alexander (Wife)

(Address) 318 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Friendship Gem. A. A. Co. Date Sept. 5. 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Henry Sander

(Address) Baltimore & Broadway

20. FILED ..., 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19..

I last saw h— alive on ... 19.. Death is said to have occurred on the date stated above, at 7 0' m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol Poisoning	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 2, 1932

Where did injury occur? 318 S. Highland Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Lysol Poisoning Suicide

Nature of injury Toxic. Gastritis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 205 W. Fayette St.

M. D. B. 1268-0

E 82620

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82620

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. 5-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Thomas

(a) Residence: No. 1024 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J Thomas

6. DATE OF BIRTH (month, day, year) Nov. 26, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32.	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER

13. NAME Charles Day

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT James J Thomas

(Address) 1024 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Jones Station Md Date Sept 5, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED Sept 6 1932, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 19....

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Sept 2, 1932

I last saw her alive on Sept 2, 1932. Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	June 32
Carcinoma Mammae Sin	July 32

Other contributory causes of importance:

Hypertension

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward W Wappen, M. D.

(Address) University Hospital

M. D. H. 1268-9

82621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 82621

CERTIFICATE OF DEATH

16

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernie Stoler

(a) Residence: No. 1218 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-20-1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hernan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Schaffer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jerry Stoler
(Address) 1502 N. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 9/5 1932

19. UNDERTAKER Eger Funeral Home
(Address) 1439 E Balto St.

20. FILED ..... 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1932 to 9-4 1932

I last saw him alive on 9-4 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	1wk.
	9/1/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Benj. Kadan M. D.

(Address) 2306 Eutaw Pl.

M. D. R. 1268-9

82622 E 82622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-304

Registered No. 26442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4202 Hamilton Ave., Raspeburg, St., (26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Herman Melchior

(a) Residence: No. 4202 Hamilton Ave., Raspeburg, Md. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Appold

6. DATE OF BIRTH (month, day, year) July 4, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) Raspeburg, Balto. Co,
(State or country) Maryland

FATHER

13. NAME Herman Melchior

14. BIRTHPLACE (city or town)
(State or country) Holland

MOTHER

15. MAIDEN NAME Catherine Ann Mumma

16. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

17. INFORMANT Miss Margaret Melchior
(Address) 4202 Hamilton Ave., Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk. Date Sept. 5, 1932

19. UNDERTAKER Fredericks, Fossett & Sons
(Address) 401 Belair Road

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932 to September 2, 1932

I last saw him alive on September 1, 1932. Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis,	
hemiplegia	2 yrs.
Other contributory causes of importance:	
Cardiac Insufficiency	1 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd. A.L. Wilkinson,

M. D. B. 1268-9

82623 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82623

CERTIFICATE OF DEATH

Baltimore City Hospitals 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore, Md (St.) 17-25 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Taylor

(a) Residence: No. 690 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	? 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis
14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Susan ?
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Cem. Date Sept 6 . 1932

19. UNDERTAKER Jesse H. Redding
(Address) 1436 W. Baltimore St.

20. FILED . . 1932 . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25 . 1932 to 9-3 . 1932
I last saw her alive on 9-3 . 1932 Death is said to have occurred on the date stated above, at 9:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	one year
Other contributory causes of importance: Myocardial Insufficiency Congestive	8-25-32

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
9-3-32 (Signed) Chas. H. Heyer M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-9

82624

HEALTH DEPARTMENT—CITY OF BALTIMORE

82624

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 10-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Williams

(a) Residence: No. 1438 E. Monument St., Ward. Baltimore Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Williams

6. DATE OF BIRTH (month, day, year) ~~Aug 27/1869~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barbourville, Va

FATHER

13. NAME John Dowson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie -

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth Williams

(Address) 1438 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Charlotte Ville Va Date Sept 5 , 1932

19. UNDERTAKER Luther Gross

(Address) 1408 Eastlond-ave

20. FILED ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep3/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pylo-nephritis

Abcesses both kidneys

Date of onset

Other contributory causes of importance:

Diabetes

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) T. J. Bailey Coroner, M. D.

(Address) 508 E Monument

M. D. B. 1268-9

E 82625 HEALTH DEPARTMENT—CITY OF BALTIMORE E82625

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 21-29 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Ferguson

(a) Residence: No. 836 N Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of 2
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castle Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sep 5. 1932

19. UNDERTAKER Elroy A Wilson
(Address) 1000 Pleasantley Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:40 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neck from 3rd degree Burns, Accidental	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Aug 31 . 1932

Where did injury occur? 836 N Oxford
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Explosion of Gasoline

Nature of injury 3rd degree Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. H. 1565-A

82626

E 82626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25-75-131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Hanover St. 25 Ward)

Length of residence in city or town where death occurred 74 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Snyder

(a) Residence: No. 3906 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie N. Snyder

6. DATE OF BIRTH (month, day, year) Apr. 17, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mexican Petroleum Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Snyder

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Annie N. Snyder
(Address) 3906 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 5. 1932

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED 1932 Hattie E. Mc... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 8/24th, 1932, to 9/2, 1932

I last saw him alive on 9/2 - 1932 Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

and Hypertension

Other contributory causes of importance:

Senile Pneumonia

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1388 Dorsey

M. D. R. 1764-9

82627

HEALTH DEPARTMENT—CITY OF BALTIMORE 82627

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S Paca St. 21-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter G King

(a) Residence: No. 914 S Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace W King

6. DATE OF BIRTH (month, day, year) Jan 14 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer - Taxi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Cab Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel King

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret E Struppe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Samuel King (Father)

(Address) 914 S Paca st.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 7. 1932

19. UNDERTAKER John F Dewing

(Address) 116 Eiges St

20. FILED Sept 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1931 to Sept 4 1932

I last saw him alive on 9/4 1932 Death is said to have occurred on the date stated above, at 2.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Asthma	10/31
Myocarditis Terminal	3 mons
General debility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. T. Darlington M. D.

(Address) 102 E Fort ave

M. D. B. 1265-0

E 82628 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82628

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 9-14 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME William H Preuss

(a) Residence: No. 1927 Kennedy Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally S Preuss

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm P Preuss

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ann Brady

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Sallie S Preuss

(Address) 1927 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Sept 6 1932

19. UNDERTAKER Mary M Medefind

(Address) 2301 E 22nd St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932 to Sept 3, 1932

I last saw h(er) alive on Sept 3, 1932. Death is said to have occurred on the date stated above, at 3:01 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with Cholelithiasis	1925
Other contributory causes of importance: Pulmonary embolism	9/3/32

Name of operation Cholecystotomy Date of 8 25 32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D McL Currie, M. D.

(Address) University Hospital

M. D. B. 1268-9

E 82629 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82629

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 W. Lombard St., Ward 19-24)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Stewart

(a) Residence: No. 1708 W. Lombard St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Janet Stewart

6. DATE OF BIRTH (month, day, year) Apr 19th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary

10. Date deceased last worked at this occupation (month and year) 9/28

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mildred Mary Harding

(Address) 1708 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Bellevue Cemetery Place Lawrence Mass Date Sept 6th, 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932 to Sept 4, 1932

I last saw him alive on Sept 4, 1932 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	9/2/32
Carcinoma of Prostate	18 Mo.

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Chas Norton, M. D.

(Address) 1888 Broadway

M. D. B. 1268-9

82630 HEALTH DEPARTMENT—CITY OF BALTIMORE 82630

CERTIFICATE OF DEATH

Registered No. 82-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 E. Lafayette Ave 617 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Leonard

(a) Residence: No. 1937 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND ~~of~~ (or) WIFE of Samuel E. Leonard

6. DATE OF BIRTH (month, day, year) June 4th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Newport Penna

FATHER

13. NAME Martin Ziegler

14. BIRTHPLACE (city or town) (State or country) Newport Penna

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Newport Penna

17. INFORMANT Mrs Nellie Rush

(Address) 1937 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Newport Penna Date 9/6 1932

19. UNDERTAKER Wm C. Fehl & Son

(Address) 1217 E. Lafayette Ave

20. FILED Sept 5 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1932 to Sept 4 1932

I last saw her alive on Sept 2 1932. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Parolysis — Date of onset

Other contributory causes of importance:

Cardiac Fascose

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Frank, M. D.

(Address) 1123 St Paul St

Spec.—1-10-21—M&T—1500 Blks.

E 82631 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82631

CERTIFICATE OF DEATH. 53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1104 Forrest St (ST.) 10-15 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Loretta Ann Bowersox

(a) RESIDENCE NO. 1104 Forrest St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence F Bowersox

6 DATE OF BIRTH (month, day, and year): March 25 1882

7 AGE: Years 42 | Months 5 | Days 8 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William P. Hannon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Eliz. Phelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Frances Hannon

(Address) 1104 Forrest St

Filed Sept 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1932, to Sept 3, 1932, that I last saw her alive on Sept 3, 1932, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Subarachnoid Hemmorhage

(duration) ..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Probable Dural Endothelioma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Joseph J. Ayd M. D.

Sept 3, 1932 (Address) 200 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 6 1932

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 714 Monument

PRINT very important. See instructions on back of certificate.

M. D. B. 1268-9

32632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32632

CERTIFICATE OF DEATH

Registered No. X 139-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 9 Ward)

Length of residence in city or town where death occurred ~~1~~ yrs. ~~8~~ mos. ~~8~~ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ada C. Jones

(a) Residence: No. 18 Caldwell Ave. St., Guilford Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Carl W. Jones

6. DATE OF BIRTH (month, day, year) Feb. 9, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 3/1

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Kramer

14. BIRTHPLACE (city or town) (State or country) Vienna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Jones
(Address) 18 Caldwell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 9/5/32, 19

19. UNDERTAKER George J. Roth Inc.
(Address) 1725 Harford Ave Balto

20. FILED 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1932 to Sept. 3, 1932
I last saw h alive on Sept 3, 1932 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Operation for pulmonic air - fibromatory disease	8/29/32
(2) Intestinal obstruction	8/30/32

Other contributory causes of importance:
Surgical shock from operations for relief of obstruction

Name of operation Colostomy Date of 9/2/32

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard C. Cumming, M. D.

(Address) 1 E Chase St Howard building

M. D. B. 1268-9

82633 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82633

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6013 Park Hts Ave 27-55-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernestine B. Wix

(a) Residence: No. 6013 Park Hts Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Wix

6. DATE OF BIRTH (month, day, year) July 3, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

FATHER

13. NAME Wm Bucker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John W. Wix

(Address) 6013 Park Hts Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Sept 6 1932

19. UNDERTAKER Wm Tickner & Sons

(Address) North & Par Aves.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1930 to Sept 1932

I last saw her alive on Sept 3 1932 Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast with pulmonary metastasis — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles A. Waters M. D.

(Address) 1100 N. Charles St. Balto Md

M. D. R. 1268-9

F 82634

2634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3811 Chatham Rd St. 15-63 Ward.

Registered No. ..
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Elizabeth Huffington

(a) Residence: No. 3811 Chatham Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: A. Jackson Huffington

6. DATE OF BIRTH (month, day, year): Aug. 28 1864

7. AGE: Years 68 | Months 0 | Days 6 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wicomico Co.

FATHER
13. NAME: Sydney Malone
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. A. Jackson Huffington
(Address) 3811 Chatham Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: Sept 6. 32

19. UNDERTAKER: Wm. H. C. Byer & Sons
(Address) North & Pa. Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929 to Sept 4 1932
I last saw h alive on Sept 4 1932 Death is said to have occurred on the date stated above, at 3.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1929
Other contributory causes of importance:	
Carcinoma of rectum	1929

Name of operation: — Date of:
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbert S. Hebbert M. D.
(Address) 222 Harrison

A&Co. 5-31 250B

82635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82635

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Gold St) (St. 15-21 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy M Pearce

(a) Residence: No. 556 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: C | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hilda Pearce

6. DATE OF BIRTH (month, day, year): Aug 27-1899

7. AGE: Years 33 | Months 0 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Percy Pearce

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Alverta Jones

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Hilda Pearce
(Address) 556 Gold St

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Date 9-6 1932

19. UNDERTAKER: Byron & Mamie Wright
(Address) 1215 McCulloh St.

20. FILED ..... 1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1932, to Sept 3, 1932

I last saw her alive on Sept 3, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Tonsilitis	Aug 27
Lobar Pneumonia	Aug 31

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was autopsy held?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ..... M. D.
Sept 3 (Address) 50 Augusta

M. D. B. 1268-9

82636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82636

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N Robinson St., 7-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Elizabeth Fortmiller

(a) Residence: No. 629 N Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Fortmiller

6. DATE OF BIRTH (month, day, year) April 27-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis

FATHER

13. NAME Joseph Barnes

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Sara Barnes

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John Fortmiller

(Address) 629 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Sept 5 1932

19. UNDERTAKER Jos J Stevenson & Son

(Address) 3001 Kentucky Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to Sept 1, 1932

I last saw h alive on Sept 1, 1932 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	?
Other contributory causes of importance: Carcinoma Uteri, Bladder, Rectum etc	

Name of operation Radium Date of Sept 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Adam B Lemmon, M. D.

(Address) 718 N. Patterson Park Ave

M. D. B. 1268-9

E 82637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82637

Med

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St.. 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs..... mos. 13 ds. How long in U. S. If of foreign birth? .....yrs..... mos..... ds.

2. FULL NAME Hugh C. Cresswell

(a) Residence: No. 2 W. Mulberry St., ... Ward.

(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Ludlow B Evans

6. DATE OF BIRTH (month, day, year) Mar. 22 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Charles T. Cresswell

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Belle Colchewood

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date Sept 5, 1932

19. UNDERTAKER J. Thomas Tucker, Inc.

(Address) North Ave Balto

20. FILED ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932 to Sept 5, 1932

I last saw him alive on Sept 5 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver	
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph G. Hills M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

82638 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 82638

CERTIFICATE OF DEATH

1/24-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 14-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Campbell

(a) Residence: No. 509 Wilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME John Rand

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucy-----

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Lucy Rand
(Address) 509 Wilson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9/6/32 19

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ... 19... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 3/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Failure — Date of onset

Other contributory causes of importance:

Fatty Liver, spleen
Enlarged Lymphatics
Obesity

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. H. Bacon, M. D.
Coroner
(Address) 508 E. Monument

Spec.—9 30—A. & Co.—250 Bks

82639

HEALTH DEPARTMENT—CITY OF BALTIMORE

82639

CERTIFICATE OF DEATH.

V 48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Radnor Ave. St. 27-48 WARD)

2 FULL NAME Rose Norton

(a) RESIDENCE NO. 518 Radnor Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm L. Norton

6 DATE OF BIRTH (month, day, and year) Jan 7, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dingle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Mrs Morgan Mc Kinless
(Address) 515 Radnor Ave.

15 Filed — 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3, 1932.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Sept. 3, 1932

that I last saw h alive on Sept 3, 1932

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus,

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam.

(Signed) Thos Norton M. D.

19 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 9/6 1932

20 UNDERTAKER: C. Vernon Lemmon

ADDRESS: 461 Park Heights.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82640 E 82640

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Mt. Royal ave Ward)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Clarke

(a) Residence: No. 1317 Mt. Royal ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 22-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67		5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.G.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City.

FATHER

13. NAME Thomas Clarke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McGuire

16. BIRTHPLACE (city or town) (State or country) Balto City.

17. INFORMANT Nellie Kerr

(Address) 1317 Mt. Royal ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 6 1932

19. UNDERTAKER John T. Regan

(Address) 3000 E. Balto St.

20. FILED Sept 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 01 1932 to Sept 4 1932

I last saw her alive on Sept 4 1932 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis Chronic hypo cardiac Insufficiency & Ch. Nephritis.	10 yrs.
Other contributory causes of importance: Acute Coronary Thrombosis with Pulmonary Edema	7 hrs.

Name of operation none Date of

What test confirmed diagnosis? Obs. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John T. Regan, M. D.

(Address) 804 Cathedral St

E 82641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82641

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No.) Convent of House of Good Shepherd Franklin St. Calvaton Road

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos ds.

2. FULL NAME Sister Catherine Jr. Gilmartin

(a) Residence: No. Convent of House of Good Shepherd
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 2-1874

7. AGE: Years 58 | Months 7 | Days 3rd | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) America
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) America

17. INFORMANT House of Good Shepherd
(Address) Calvaton Rd and Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 6 1932

19. UNDERTAKER George L. Dehnert
(Address) 2101 Frederick Ave.

20. FILED SEP 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1932 to Sept 4 1932
I last saw h alive on Sept 4 1932 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus. Metastasis in Lungs.	
Other contributory causes of importance:	
Pneumonia Terminal.	2 days.

Name of operation — Date of
What test confirmed diagnosis? P.M. Ex. X Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Moore M. D.
(Address) 804 Cathedral St.

2642 250B

E 82642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 70-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2110 Ramsay St. (Ward)

CITY OF BALTIMORE: (No. 2110)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Kimmel

(a) Residence: No. 2110 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Justus Kimmel

6. DATE OF BIRTH (month, day, year) Feb. 3-1868

7. AGE: Years 64 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Graff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Newman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Justus Kimmel 2110 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept. 6 1932

19. UNDERTAKER George L. Schwatt (Address) 2101 Fredrick ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1932, to 9/4/ 1932

I last saw her alive on 9/4 1932 Death is said to have occurred on the date stated above, at 12 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Ac. Card Dis.	8 hrs.

Other contributory causes of importance:

Cerebral Hemiplegy
History 6 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard J. Ferry, M. D.

(Address) 9 E. Lexington

1-30—M & T—300 B—50L

E 82643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82643

93-003

CERTIFICATE OF DEATH

REGISTERED NO. 20-64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2825 Frederick St. (Or) WARD

2-FULL NAME Emma C. Trogler

(a) RESIDENCE NO 2825 Frederick Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted] Trogler

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1858

7 AGE: Years 74 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant John W. Trogler
(Address) 212 S. Monastery Ave

15 Filed [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy Van Cromwell M. D. Coroner

9/5, 1932 (Address) 243 Pierrepont, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 9/7 1932

20 UNDERTAKER George L. Schwab

ADDRESS 2101 Frederick Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 82644

E 82644

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2147 Wicomico ST., 25th WARD)

2—FULL NAME Linwood C. Puller

(a) RESIDENCE NO. 2147 Wicomico ST., _____ WARD 25th.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Loine W. Puller

6 DATE OF BIRTH (month, day, and year) July 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass worker.

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer at

(c) Name of employer Md. Glass Co

9 BIRTHPLACE (city or town) Caroline Co. (State or country) Virginia

PARENTS

10 NAME OF FATHER Robt. Puller.

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

14 Informant Mrs Linwood Puller

(Address) 2147 Wicomico St

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5/32

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Sept 5, 1932, that I last saw h[illegible]alive on Sept 4, 1932 and that death occurred, on the date stated above, at 145 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza c sanitis.

(duration) _____ yrs. _____ mos. 5 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Thamuel Green M. D.

9/5, 1932 (Address) 2910 Hollins Ferry Rd.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cem. DATE OF BURIAL Sept 7th 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

AaCo. 5-31 250B

82645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82645

91-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Fourth St St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Frances Ripple

(a) Residence: No. 1414 Riverside Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/31/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leonard J Ripple

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary C Kiess

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. F. Heckrodt
(Address) 1414 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/6/32 19...

19. UNDERTAKER J. J. Zobel & Sons
(Address) 2318 Light St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1932 to Sept 3, 1932
I last saw h W alive on Sept 3 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Aug 31-1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, (Specify)

(Signed) C Winfield ..., M. D.

(Address) 1279 William St

E 82646

E 82646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 ✓

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3282 O'Donnell ST. 76-1 WARD)

2-FULL NAME Frank Krasnodemske

(a) RESIDENCE NO. 3282 O'Donnell ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Krasnodemske

6 DATE OF BIRTH (month, day, and year) ? . . ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46 (42,20?)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furnace Tapper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto Copper S. R. Plant

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Lawrance Krasnodemski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Vera Krasnodemske (Address) 3282 O'Donnell St

15 Filed SEP 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1932

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to September 4, 1932.

that I last saw h~~e~~ alive on September 3, 1932

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. 3 mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Exploration operation

(Signed) Henry E. Wilson, M. D.

, 19 (Address) 13 W. Biddle St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Sept 7 1932

20 UNDERTAKER Wm. H. Kenworthy

ADDRESS 1500 Kenwood

2410 Eutaw Pl.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82647 VE 82647.

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Baker St 15-66 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 24 yrs. ... mos. ... ds.

2. FULL NAME Rhuakem Minik

(a) Residence: No. 2410 Baker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cecelia

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Minik

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Minik

(Address) 2410 Baker st

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Rom Date 9/6/32

19. UNDERTAKER Jack Levi Jac

(Address) 1439 E. Baltimore

20. FILED SEP 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1932 to Sept 5 1932

I last saw him alive on Sept 5 1932 Death is said to have occurred on the date stated above, at 12 20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Dwight Zeller M. D.

(Address) 2410 Eutaw Place

M. D. B. 1268-9

E 82648

82648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward) 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Jefferson Jacobs

(a) Residence: No. 703 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle Jacobs

6. DATE OF BIRTH (month, day, year) Nov. 24-1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. keeper

10. Date deceased last worked at this occupation (month and year) 9-44

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Mordecai I. Jacobs

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Hartlove

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emma Wright

(Address) 611 Plymouth Rd

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept 7 1932

19. UNDERTAKER Wm. J. Tokner & Sons

(Address) North & Pine Sts.

20. FILED 9-7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1932 to Sept 5 1932

I last saw h-im alive on Sept. 5 1932 Death is said to have occurred on the date stated above, at 9 16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary Thrombosis~~ Bronchial Pneumonia	9-1-32
Other contributory causes of importance: Arterio - sclerosis Cerebro - vascular accident	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Van Ness M. D.

(Address) St. Agnes Hos.

D. B. 1268-9

82649 HEALTH DEPARTMENT—CITY OF BALTIMORE 82649

CERTIFICATE OF DEATH

1315

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315-E-21 St. 12-11 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Wilson Dilworth

(a) Residence: No. 315 E 21 St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice V. Dilworth

6. DATE OF BIRTH (month, day, year) Sept. 6. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md & R R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emergency Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Chestnut Grove Sept 8. 1932

19. UNDERTAKER Wm J Pritchett Sons
(Address) North & Penna.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4th 1932 to Sept 5th 1932

Last saw him alive on Sept 5th 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown

Other contributory causes of importance:

Dilatation of heart

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. J. Tankersley M. D.

(Address) 1192 N. Milton Ave

M. D. B. 1268-9

E 82650

E 82650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimor City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. 22-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarilla Bailey

(a) Residence: No. 512 S Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Douglas Bailey

6. DATE OF BIRTH (month, day, year) Feb 10 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md

FATHER

13. NAME Richard Hill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Hayes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemty Date Sept 6 19 33

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1931 to 9-3 1933

I last saw h[illegible] alive on 9-3 1933 Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	11 Years ago
Other contributory causes of importance: Bronchopneumonia	8-28-33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

9-4-33 (Signed) Elmer H. Fahrney M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

E 82651

E 82651 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 June St., 18-26 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Banks

(a) Residence: No. 758 June St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (Write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 021
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Effie Stork
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ida E. Jones
(Address) 758 June St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Sept 6 32

19. UNDERTAKER: Lemmon & Thursby
(Address) 578 Monroe St

20. FILED Sept 6 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Sept 2, 1932

I last saw h[illegible] alive on Sept 2, 1932 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Acute Cardiac Dilitation	Aug 31
Pulmonary Edema	Sept 2

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman, M. D.
(Address) 2687 Frederick Ave

M. D. R. 1938-9

2652

E 82652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city 160 ~~Franklin~~ 33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 51 yrs. ... mos. ... ds.

2. FULL NAME Chas. Kurzrock

(a) Residence: No. 16 E. Cross St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Kurzrock

6. DATE OF BIRTH (month, day, year) Jan 10th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65 yrs	65	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Tobac~~ Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Kurzrock

14. BIRTHPLACE (city or town) (State or country) Germ

15. MAIDEN NAME Christina Koerner

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Elizabeth Brown (Sister)

(Address) 1021 Patapsco st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Sept 7th 1932

19. UNDERTAKER E. Schlosman & Son

(Address) 1039 Hanover st

20. FILED ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/20/32 19 ... to 9/5 19 32

I last saw him alive on Sept 5 1932. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm. Louis Schaefer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

82653 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82653

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 St. Martin's Road St., 27-W 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice C. Biggs

(a) Residence: No. 203 St. Martin's Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Biggs

6. DATE OF BIRTH (month, day, year): ---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Edward Betts

14. BIRTHPLACE (city or town) (State or country): ------ Maryland

MOTHER

15. MAIDEN NAME: Eleanor Crawford

16. BIRTHPLACE (city or town) (State or country): -------- Maryland

17. INFORMANT: Robert T. Biggs
(Address): 203 St. Martin's Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: 9/7 19 32

19. UNDERTAKER: Henry W. Meyer Son
(Address): 505 N. Calvert St.

20. FILED: SEP 6 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4th 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 31 to Sept 4th 19 32

I last saw h alive on Sept 4 19 32. Death is said to have occurred on the date stated above, at 10-30 m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Diabetes Mellitus	about 6 yrs.

Other contributory causes of importance: Arteriosclerosis Nov 4 yrs.

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—0-30—A. & Co.—250 Blks.

82654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home for Incurables 13-52 57 REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Home for Incurables St. 13-52 WARD)

2-FULL NAME Mrs Clara E. Daley

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Daley

6 DATE OF BIRTH (month, day, and year) 8-19-62

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joshua Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Hospital Records.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 4 1932

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1931 to Sept 4, 1932 that I last saw h[illegible] alive on Sept 4, 1932 and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Infectious Arthritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (secondary) Hypostatic Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W W B Mayo M. D.

Sept 14 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL SEP 7 1932 19

20 UNDERTAKER Geo W Little ADDRESS 2700 Greenmount Ave

M. D. B. 1268-9

E 82655 HEALTH DEPARTMENT—CITY OF BALTIMORE 82655

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-4 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Buddy Carter

(a) Residence: No. 2021 N. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6/96

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sam Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Sheppard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mercy cemetery Date Sept 6, 1932

19. UNDERTAKER Edw. Bryan
(Address) 631 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1932, to 9/2, 1932

I last saw him alive on 9/2, 1932. Death is said to have occurred on the date stated above, at 1 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Vascular disease	?
Aneurysm of Aorta	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. H. Goodman, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

82656 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 82656

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Eager St. 8-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Casper P Getz

(a) Residence: No. 2400 Eager St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Feb 28 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME John Getz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbra Stanger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Getz
(Address) 2400 Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 7 1932

19. UNDERTAKER Martin W E Oppelman
(Address) 3, 1 & Canal Sts.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from August 25 . 1932 to Sept 4 . 1932
I last saw him alive on Sept 4 . 1932 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Other contributory causes of importance: Cerebral hemorrhage	8/25/32

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Albert Singewald . M. D.
(Address) 613 E Fayette

M. D. B. 1268-9

E 82657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82657

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 16-23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alex Jones

(a) Residence: No. 1022 Stockton st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jones

6. DATE OF BIRTH (month, day, year) Sept. 28, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Shelley Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mamie Harrison

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 9/6 1932

19. UNDERTAKER Charles G. Cooper
(Address) 514 N. Eutaw St.

20. FILED SEP 6 1932 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Sept. 3 1932

I last saw him alive on Sept. 3 1932 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 mos
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stow M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

STERN

E 82658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82658

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2250 Brookfield Ave. St., 19-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Stern

(a) Residence: No. 2250 Brookfield ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Moses

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Livonia

FATHER

13. NAME Julius Stern

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Block

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Stern

(Address) 2250 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Blvd Date Sept 6, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED SEP 6 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from - - 1930 to Sept 5 1932

I last saw h.e alive on Sept 5 1932. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	1931

Other contributory causes of importance:

Carcinosis

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Bischof, M. D.

(Address) 122 - 25 E St.

E 82659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82659

CERTIFICATE OF DEATH

34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Baby Girl Richards

(a) Residence: No. 834 North Washington St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27, 1932

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
~~9 days~~		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. City Md

FATHER

13. NAME Fred L. Richards

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Gloria Levy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakhill Cem. Date Sept. 6, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED Sept 6 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1932, to Sept. 4, 1932

I last saw her alive on Sept 4, 1932, death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho pneumonia	Sept 3, 1932
Prematurity	~~Congenital~~

Other contributory causes of importance:
Congenital Lues

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. H. Guravon, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

82660

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 82660

CERTIFICATE OF DEATH

Registered No. 207

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital St., 13-52 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie E. Ford
(a) Residence: No. 1116 Millrace Rd St., Woodberry Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Ford

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER
13. NAME James Burke
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) W

17. INFORMANT Benj. F. Ford
(Address) 1116 Millrace Road

18. BURIAL, CREMATION, OR REMOVAL
Wagahoneta Md Date Sept. 1932

19. UNDERTAKER Thompson Bros
(Address) Undertakers Woodberry

20. FILED Sept 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6.46 P.M.

The principal cause of death and related causes of importance were as follows:
Depressed fracture Skull (Rt Parietal)
Other Injuries
Date of onset

Other contributory causes of importance:
Struck by R.R. Train (Penna) at or near Woodbury.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury . 19
Where did injury occur? Pa/ RR Woodbury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John J Payne Coroner M. D.
(Address) 506 Fonthan

M. D. B. 1265-9

82661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82661

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Calvert St. St. 11-15 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Carey Coale Thomas

(a) Residence: No. 1123 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Henry B. Thomas

6. DATE OF BIRTH (month, day, year) Nov. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Isaac Coale

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Carey

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mr. Henry B. Thomas Jr. (Address) 1124 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 9/7/32 19

19. UNDERTAKER John O. Mitchell & Sons (Address) 1330 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to 9/4 32 19

I last saw her alive on 9/4 . 1932. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	2 yrs
Other contributory causes of importance:	
General Exhaustion	1 yr

Name of operation Breast Amputation Date of 9/16/30

What test confirmed diagnosis Clinical Laboratory Autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1403 Park

M. D. B. 1268-9

E 82662

E 82662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 15-59

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occur a hospital or ins give its NAME of street and numb

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos.

2. FULL NAME Ella Dodd

(a) Residence: No. 2211 Pulaski st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Dodd

14. BIRTHPLACE (city or town) England
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown McAlister

16. BIRTHPLACE (city or town) Ireland
(State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Sept 12 19 32

19. UNDERTAKER [illegible]
(Address) 2244 E Chase st

20. FILED [illegible] 19 32 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5 1932

22. I HEREBY CERTIFY, That I attended deceased from February 12 1932 to September 5 1932

I last saw her alive on September 5 1932 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Arteriosclerosis	Unknown
Chronic Myocarditis	1932
Other contributory causes of importance:	
Senile Dementia.	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stolz, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 82663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82663

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. St. 17-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Hayden

(a) Residence: No. 905 St Paul St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Providence Hosp. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date 19

19. UNDERTAKER [illegible]

(Address)

20. FILED ..... 19 [illegible] Registrar.

FEB MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Aug 23 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 years
Other contributory causes of importance	

Name of operation Regular Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Hunt Coroner, M. D.

(Address)

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82664

CERTIFICATE OF DEATH

E 82664

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 673 Vine St., 4-25 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Vincent

(a) Residence: No. 673 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 18256
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August , 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zellers, M. D.
Coroner

(Address) 2739 Eastern Ave

AaCo. 5-31 250B

82665 HEALTH DEPARTMENT—CITY OF BALTIMORE 82665

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp. St. 28-64 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Mrs. L. R. Gna

(a) Residence: No. 4310 West Pk. Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/3/32

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME [redacted] Leo Gna.

14. BIRTHPLACE (city or town) Balt. Md.
(State or country)

MOTHER

15. MAIDEN NAME Lillie A. Pedman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER Jos. M. Meier Health.
(Address) [illegible]

20. FILED ... 19... [illegible] Registrar.

7258

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5 P.M. 9/3, 1932, to 6 P.M. 9/3, 1932
I last saw him alive on 6 P.M. 9/3, 1932 death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Mathew Mendelsohn M. D.

(Address) West Balt. Gen. Hosp.

M. D. B. 1268-9

E 82666 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82666

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals 59 St., Baltimore City Md 25-77 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Leona Platt

(a) Residence: No. 1612 Eliniture St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Platt

6. DATE OF BIRTH (month, day, year) Nov. 17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	-	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Folner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Folner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Buchman Date 9/7/32 19

19. UNDERTAKER E & B Steele
(Address) 115 E Fress St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1932 to 9-4 1932

I last saw h alive on 9-4 1932 Death is said to have occurred on the date stated above, at 6:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	8-21-32
Other contributory causes of importance: Diabetes mellitus	unknown

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

9-5-32 If so, specify ...

(Signed) Elmer Hyde M. D.

(Address) Balto. City Hospitals

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82667

CERTIFICATE OF DEATH.

34 B 82667

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St., 15-54 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. M. Skinner

(a) RESIDENCE NO. 2240 Pennsa ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence (in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1901

7 AGE: Years 30 Months 10 Days 16

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Ernest Skinner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Estella Reed

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Interment Jas. M. Skinner

(Address) Undertaker Funeral

15 Filed 9-1-1932 16 Registered Wm. [illegible]

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 1/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Valvular Insufficiency

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

9/6/32 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn 9-7 1932

Date of Burial

20 UNDERTAKER

ADDRESS

Jas. M. Skinner 1222 E. Madison St

Very important. See instructions on back of certificate.

82668

HEALTH DEPARTMENT—CITY OF BALTIMORE

82668

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 16-66 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 26 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Brightstein

(a) Residence: No. 1642 Ashburton St., ... Ward. F
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abraham Brightstein

6. DATE OF BIRTH (month, day, year) Sept - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	42	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home 039

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Alk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Edith Cohn

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Brightstein
(Address) 1642 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 9/7 1932

19. UNDERTAKER Geo. E. Lehr Son & Co
(Address) 1439 E. Baltimore St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 6 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1932, to 9-6-, 1932

I last saw her alive on 9-6, 1932 death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephrosis (Left)	
Nephrolithiasis (Right)	
Uremia	9-4-32
Other contributory causes of importance:	
Diabetes Mellitus	1928

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Lubin, M. D.
(Address) South Baltimore Gen. Hosp.

Spec.—1-10-21—M&T—1500 Bks.

E 82669 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82669

CERTIFICATE OF DEATH.

13 V

REGISTERED NO. 14928

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 305 S. Calhoun ST., WARD

2-FULL NAME Cinta Catau

(a) RESIDENCE No. 305 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 73 — Months — — Days — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Packing house

(c) Name of employer: Grechts

9 BIRTHPLACE (city or town) (State or country): Rumania

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rumania

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rumania

14 Informant (Address): John Catau 305 S Calhoun st

15 Filed 1928 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/11, 1928, to 9/27, 1928,

that I last saw h alive on 9/27, 1928,

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Int. Nephr.

Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy 1/2

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) Bernard Fenz M. D.

9/29, 1928 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL Sept 29 1928

20 UNDERTAKER: A. Jones ADDRESS 111 S. Eden

F 1-1937

M. D. B. 1268-9

E 82670

82670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82670

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. Lorraine Ave Ward) 23 ✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... dy. How long in U. S. If of foreign birth? 45 yrs. Jan ... dy.

2. FULL NAME Patrick J. Owens

(a) Residence: No. 326 E. Lorraine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or WIFE of) the late Mary F. Owens

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cheff at. C21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hopkins Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Owens

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Kn

17. INFORMANT Mr. Francis P. Owens

(Address) 326 Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Sept. 9 1932

19. UNDERTAKER Henry Hough Sons Inc

(Address) 30 E Eager St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from August 7 . 1932 to August 5 . 1932

I last saw h. in alive on Sept 5 . 1932 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	Indefinite

Other contributory causes of importance:

Pulmonary Hemorrhage	

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas. R. Goodsborough M. D.

(Address) 7923 St Paul St

M. D. B. 1268-9

82671 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B82671

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 28 S. Calhoun St., 19-2-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Peter Harlby
(a) Residence: No. 28 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anne Harlby
6. DATE OF BIRTH (month, day, year) June 3, 1859
7. AGE: Years 73 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Wm. J. Harlby
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Fox
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary E. Harlby
(Address) 28 S. Calhoun St.

18. BURIAL, CREMATION OR REMOVAL
Place St. Peter's Cem. Date Sept. 9, 1932

19. UNDERTAKER Margaret L. Flynn
(Address) 1420 Light St.

20. FILED Sept. 11, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1932 to September 6, 1932
I last saw him alive on Sept 6, 1932. Death is said to have occurred on the date stated above, at 12.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	9/1/32
Arterio Sclerosis	1930
Other contributory causes of importance: Gastro Enteritis	8/1/32

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. A. O'Neill, M. D.
(Address) 108 N. Fulton Ave

M. D. H. 1268-9

82672

E 82672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Edmondson Ave St., 17-11 Ward)

Length of residence in city or town where death occurred, 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Brown

(a) Residence: No. 709 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown,

6. DATE OF BIRTH (month, day, year) Feb 10/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Kate Dorn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Brown
(Address) 709 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 7. 1932

19. UNDERTAKER Mrs M. E. Brenden
(Address) 1537 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Ward Coroner, M. D.

(Address) 1006 Lanvale

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82673

82673

M 208 V

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Balto. Hospitals) 23 Ward 32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Connaway

(a) RESIDENCE NO. 1606 S. Charles St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 17 ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 17 1909

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	23	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph Connaway

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Emma Meyers

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Mr. George Connaway

(Address) Brooklynn A. A. Co. Md.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) ....yrs. ....mos. 1 ds.

(Signed) Joseph Yakonis (Coroner) M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. 1 ds. In the State 23 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Auto accident

driving collided with a street car at

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial 9/7 1932

20 UNDERTAKER J. Flew McCully ADDRESS 130 E Fort

E 82674

E 82674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Balto Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Katie Lemkuhl

(a) Residence: No. 6 Charlecote Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Lemkuhl (d).

6. DATE OF BIRTH (month, day, year) October 31, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83 yrs.	11 10	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr. Strenbew.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Chas. McPhail
(Address) 6 Charlecote Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 9/8/32 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1932 to Sept 6 1932

I last saw her alive on Sept. 6, 1932 19 Death is said to have occurred on the date stated above, at 8:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	9-4-32
Strangulated Femoral Hernia	9-4-32

Other contributory causes of importance:

Operation for strangulated Femoral hernia 8-31-32	9-4-32
acute Cardiac Dilatation	9-4-32

Name of operation Herrioplasty Date of 9-4-32

What test confirmed diagnosis? Coroner. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) T. Burbage M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-3

E 82675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82675

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Broadway Ward) 6-4

Length of residence in city or town where death occurred 86 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary W. Bitterhoff

(a) Residence: No. 425 N. Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Bitterhoff

6. DATE OF BIRTH (month, day, year) Jan 10. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Herman Harms

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Metta —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT T. H. Ritterhoff

(Address) 425 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 7 19 3

19. UNDERTAKER Wm. J. Tuckerman

(Address) Mt. Washington Village

SEP 7 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1932

I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Sept 4 1932

last saw ... alive on ... 19 32 Death is said to have occurred on the date stated above at 11 P.M.

The principal cause of death and related causes of importance were as follows: Gall Bladder

Date of onset
3 mo
over
1 day

Other contributory causes of importance: Acute Cardiac Dilatation

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) 100 W. Mulberry St

1-30— E 82676 —30L

E 82676

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 W.40th St. ST. 13-57 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May C.Hopwood.

(a) RESIDENCE NO 1107 W.40th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Hosard Hopwood.

6 DATE OF BIRTH (month, day, and year) March 3,1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Char-woman, 0-10
(b) General nature of industry, business, or establishment in which employed (or employer) School 56.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Elmer Edelman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lydia Cook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

14 Informant Harry Hopwood.(husband)

(Address) 1107 W.40th St.

15 Filed SEP 7 1932 Huntington Williams, N.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 5, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of right Tibia & Fibula.
Occidental fall from a ladder.
Coronary Thrombosis.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 36th st. Nr. Falls Rd August 11, 1932

Did an operation precede death? Yes. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) Otto M. Steinhardt M. D. Coroner

9/6/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Sept 8 1932

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS N. Paca

M. D. B. 1268-9

E 82677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82677

CERTIFICATE OF DEATH

+ 72-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Taylor, Jr

(a) Residence: No. 82 Admiral Blvd-Dundalk, Md. Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME William J. Taylor

14. BIRTHPLACE (city or town) (State or country) Atlantic Mine, Mich

MOTHER

15. MAIDEN NAME Edith Myers

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Mrs. W. J. Taylor
(Address) 82 Admiral Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept. 7 . 1932

19. UNDERTAKER Geo. M. Ford & Son
(Address) 811 W. Lafayette Ave

20. FILED ... . 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19... to ... . 19...

I last saw h... alive on ... . 19... Death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Leukemia — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Bauer Coroner . M. D.

(Address) 508 E. Lexington

M. D. R. 1776-0

82678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82678

CERTIFICATE OF DEATH

66-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave St., 15 Ward)

Registered No. 15322

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Talbert

(a) Residence: No. 1349 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 yrs.

12. BIRTHPLACE (city or town) St. Mary Co.
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Fannie Brooks

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Records
(Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/7/32

19. UNDERTAKER Chas H Cooper
(Address) 514 N. Calhoun St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Sept. 4, 1932

I last saw her alive on 9-4, 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance:	
Hypothyroidism	

Name of operation Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry S. Emmett M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

82679 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82679

CERTIFICATE OF DEATH

V161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Keller (Girl)

(a) Residence: No. 1811 N. Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28th 1932

7. AGE Years	Months	Days 4 10	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Mary. A. Keller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Tate

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Paul W. Keller
(Address) 1811 N. Patt Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 7, 1932

19. UNDERTAKER Leo S. Cook
(Address) 1721 N. Patt Pk Ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 7, 1932

I last saw h alive on Sept 7, 1932. Death is said to have occurred on the date stated above, at 2.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Catarrhal Conjunctivitis	

Other contributory causes of importance:

Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. F. Young, M. D.

(Address) St. Joseph Hosp

M. D. B. 1268-9

E 82680

2 E 82680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 159 V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 E. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Campbell

(a) Residence: No. 11 Eastship Rd St., ~~Ward.~~ Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/29/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md

FATHER

13. NAME Robert Campbell

14. BIRTHPLACE (city or town) ..... (State or country) Pa

MOTHER

15. MAIDEN NAME Dora Dunn

16. BIRTHPLACE (city or town) ..... (State or country) Pa

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Medical Dept Date Sept 7 . 19

19. UNDERTAKER

(Address)

20. FILED 7280 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 . 1932 to Aug 31 . 1932

I last saw him alive on Aug 31 . 1932 Death is said to have occurred on the date stated above, at 2.15 p m.

The principal cause of death and related causes of importance were as follows:

Postoperative Hemorrhage

Peritonitis

Date of onset
Aug 29 32
Aug 29 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-B

82681

HEALTH DEPARTMENT—CITY OF BALTIMORE 82681

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Arlington Ave St., 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Kennedy

(a) Residence: No. 1217 Arlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year)

7. AGE 56 Years	Months 11	Days 1	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) Sept 32

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elizabeth Kennedy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Porter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Richie

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/7, 1932

19. UNDERTAKER Young Stanton

(Address) 316 Pierce

20. FILED Sept 7 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932 to Sept 7, 1932

I last saw h alive on Sept 7, 1932 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 7
Other contributory causes of importance:	
Hypertension	

Name of operation Date of

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 0, 19

Where did injury occur? 0

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos O Stewart M. D.

(Address) 1214 Lafayette Ave

E 82682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82682

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Gibbs. Kee. Holmes.

(a) Residence: No. 234 N. Fremont ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Gibbs

6. DATE OF BIRTH (month, day, year) January 6, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this ocrupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susie Holmes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 9/9 1932

19. UNDERTAKER Samuel Easton
(Address) 916 N Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Sept. 6, 1932

I last saw her alive on Sept. 6, 1932 Death is said to have occurred on the date stated above, at 3.15 a.m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Myocardial failure	Unknown
Other contributory causes of importance:	
Pulmonary tuberculosis	5½ mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stauss M. D.

(Address) Baltimore City Hospitals

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

82683

CERTIFICATE OF DEATH

E 82683

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2455 Brentwood Rd St., Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Pendleton

(a) Residence: No. 2455 Brentwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3-32

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Pendleton
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Norma Chapman
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Pendleton
(Address) 2455 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date Sept 7 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED 1932 Registrar.

7250

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1932

I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Sept 5, 1932

I last saw her alive on Sept 4 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bilateral	
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

Spec.—9-30—A. & Co.—250 Bks.

82684 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82684

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 134 N Bradford St 6-10 Ward)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Stolzman

(a) RESIDENCE No 134 N Bradford St Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Kunigunda Stolzman

6 DATE OF BIRTH (month, day, and year) May 14 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Casper Stolzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Veronica Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Joseph J. Stolzman 134 N Bradford St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5-1932

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to Sept 5 1932 that I last saw h alive on Sept 5 1932 and that death occurred, on the date stated above, at 12:50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Woll M. D.

9/8, 1932 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 9/8 1932

20 UNDERTAKER William G. Schaffer

ADDRESS 1816 Monument St

1-30—M. & T.—100 B—50L

E 82685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82685

CERTIFICATE OF DEATH

1933

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No. 6 Pratt St. S 2-4 WARD)

2-FULL NAME Artie E. Anderson.

(a) RESIDENCE NO Anchorage. Ft. of Broadway ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, ~~XXXXXXXX~~ HUSBAND of (or WIFE of) Grace Anderson.

6 DATE OF BIRTH (month, day, and year) July 23, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roanoke, Va.

PARENTS

10 NAME OF FATHER Frank P. Anderson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Ollie M. Robinson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Miss Bertha Anderson. (sister)
(Address) Ballston, Va.

15 Filed ..... 192 .....

Registrar

R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) September 1, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning, while in swimming.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no. Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

6/6/32 19 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cem. Va.

DATE OF BURIAL: 9/8 1932

20 UNDERTAKER: John J. Lahey & Son

ADDRESS: 1818 Light

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82686

CERTIFICATE OF DEATH

131 E 82686

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Shields St., 17-24 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ernestine Campbell

(a) Residence: No. 1150 Shields St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow-ed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widow-ed

6. DATE OF BIRTH (month, day, year) Un None

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all of Life

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md Md

FATHER

13. NAME Un None —

14. BIRTHPLACE (city or town) (State or country) Un None

MOTHER

15. MAIDEN NAME Arnetta Brown

16. BIRTHPLACE (city or town) (State or country) Un None

17. INFORMANT (Address) 1150 Shields St daughter Johnson Anetta

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date Sept 32

19. UNDERTAKER (Address) E. W. Wilson 1000 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Sept. 4 1932

I last saw h alive on Sept. 4 1932 Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Frank E. Waggoner M. D.

(Address) 625 Lanvale St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82687

CERTIFICATE OF DEATH

E 82687

Registered No. 157

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St. 15-61 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Koenig

(a) Residence: No. 2855 Clifton Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-7-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Edmund Frederick Koenig

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosalie Marie Smith

16. BIRTHPLACE (city or town) (State or country) Carroll Md

17. INFORMANT Mr Edmund Frederick Koenig
(Address) 2855 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/8/32 19

19. UNDERTAKER H. S. Williams Son
(Address) 1126 Pulaski Avenue

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-32 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7-32 19 to 9-7-32 19

I last saw her alive on 9-7-32 19 Death is said to have occurred on the date stated above, at 9 30 P.M.

The principal cause of death and related causes of importance were as follows:

Patent Ductus Arteriosus and Patent Foramen ovale Cardiac Failure

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A. Vor Arms M. D.

(Address) St. Agnes Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82688

CERTIFICATE OF DEATH

59

E 82688

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Genl Hospital (St.) (Ward) 64

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Harman

(a) Residence: No. 4808 Norwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of E. Blanche Harman

6. DATE OF BIRTH (month, day, year) Nov 8/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 13

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 01

12. BIRTHPLACE (city or town) (State or country) Shippensburg, Pa.

FATHER

13. NAME George R. Harman

14. BIRTHPLACE (city or town) (State or country) Adams Co., Pa.

MOTHER

15. MAIDEN NAME Martha A. Danner

16. BIRTHPLACE (city or town) (State or country) Cumberland Co., Pa

17. INFORMANT Mrs. Eva Harman

(Address) 4808 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 9/9 1932

19. UNDERTAKER Jos. W. Little

(Address) 2700 Edmondson Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	9/6/32
Other contributory causes of importance:	
Diabetes	?
Cerebellar Tumor ?	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.
Coroner

(Address) 508 E Hoffman

AaCo. 5-31 250B

82689 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82689

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 161-602 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby William Douglas Farley

(a) Residence: No. 2902 Ellicott Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 21, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Douglas Carl Farley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Matilda Louise Carr

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Matilda L. Farley
(Address) 2902 Ellicott Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Pimlico Date 9/8/32

19. UNDERTAKER George Rudolph
(Address) 3301 Brighton Ave. Pimlico, Md.

20. FILED ..... 1932 W. P. K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1932, to Sept. 7, 1932
I last saw him alive on Sept. 7, 1932 death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Sept 3, '32
Other contributory causes of importance:	
Icterus of Newborn	Aug 21, '32

Name of operation Circumcision Date of Aug 24, '32

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bayard Lemon Faulcon M. D.

(Address) 1224 Bloomingdale Road

M. D. H. 1268-9

82690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140 E 82690

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Helen Kelly

(a) Residence: No. 1710-N. Regester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward R. Kelly

6. DATE OF BIRTH (month, day, year) 7/19/04

7. AGE Years	Months	Days	If LESS than 1 day, ~~xxxxx~~ or ~~xxx~~ min.
28	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis H. Silberzohn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Nettie Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Nettie Silberzohn

(Address) 1710-N. Regester Street.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Patricks Date 9/10/32, 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia-Perforat d uterus	
Means employed undetermined	
Probably self induced	Aug 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82691 E 82691

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Rutland Ave St. 8-17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hewitt

(a) Residence: No. 1602 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter H. Hewitt

6. DATE OF BIRTH (month, day, year): Aug 2/1860

7. AGE: Years 72 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boston. Mass

FATHER

13. NAME: Charles Thayer

14. BIRTHPLACE (city or town) (State or country): Randolph, Mass

MOTHER

15. MAIDEN NAME: Mary Elizabeth Palmer

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Harry H. Hewitt s/s
(Address) 1602 ~~Rutland Ave~~

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/8/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 R. B. M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 6/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 4.30 A. M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner . M. D.

(Address) [illegible]

Spec.—1-30—M. & T.—250 Bks.

82692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82692

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1629 N. Lanvale ST.) 16-22 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Powell

(a) RESIDENCE NO. 1629 Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Beatrice Sales
(Address) 504 N. Bruce

15 Filed 7-1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-32

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1932, to Sept 7, 1932
that I last saw her alive on Sept. 7, 1932
and that death occurred, on the date stated above, at 5:24 P m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the Lungs,
(duration) yrs. 11 mos 7 ds.
CONTRIBUTORY (Secondary) Exposure to dampness and draughts (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 1218 N. Patrish St
Did an operation precede death? No Date of 9-7-32
Was there an autopsy? No
What test confirmed diagnosis? Sputum
(Signed) H. H. Montague, M. D.
9/7, 1932 (Address) 1920 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Sept 10 1932

20 UNDERTAKER Sam'l W. Chase & Son — ADDRESS 638 N. Gilmor

M. D. B. 1268-9

E 82693

82693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. East Ave. St. 16-11 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Cape

(a) Residence: No. 115 N. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C. Cape

6. DATE OF BIRTH (month, day, year) Feb. 26 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Augustus Brewer

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

MOTHER

15. MAIDEN NAME Laura Kane

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Laura Butler
(Address) 3015 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept. 9 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7 a m

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset .....

(Other contributory causes of importance:

senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) [illegible] Coroner M. D.

(Address) 1305 N Bethesda Ave

M. D. R. 1268-9

82694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36 E 82694

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Smith

(a) Residence: No. 1430 Presstman St., ... Ward. Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Fredrick Smith

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Edith Burton
(Address) 1430 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 6, 1932

19. UNDERTAKER V. J. Brooks
(Address) 1462 Carey St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 .1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 .1932 to Sept 4 .1932
I last saw him alive on Sept 4 .1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	?
Cellulitis of left foot	8-28-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. R. Lord, M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

E 82695 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82695

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St. 15-21 Ward) S/E

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Peters

(a) Residence: No. 1624 Vincent St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cl	Sep

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-19-83

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Charles Peters

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Fulton Date Sept 8, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1931 to 9-5, 1932

I last saw him alive on 9-5, 1932. Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho Pneumonia, General Paralysis of Insane	1 day

Other contributory causes of importance:

Luetic Infection	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Harry G. Grant M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82696

CERTIFICATE OF DEATH

13 M E 82696

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Ellwng St., 14-30 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. Wilson

(a) Residence: No. 1821 Ellwng St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Wilson

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Francis Wilson

(Address) 1821 Ellwng St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Sept 9, 1932

19. UNDERTAKER Thomas E Kelson

(Address) 1303 Presstman St

20. FILED 9-9-1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 - , 1932 to Sept. 6 - , 1932

I last saw him alive on Sept 5 - , 1932 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	One year

Other contributory causes of importance: None Known

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Chas J. Keller, M. D.

(Address) 222 W Lanvale St

Susie D Greenlee

Form—6-9-19—H. P. Co.—1000 Blks.

82697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Myrtle ave

CITY OF BALTIMORE: No 1547 ~~Myrtle Ave~~ ST. ~~Myrtle Ave~~ WARD

REGISTERED NO. 87-100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie D Greenlee

(a) RESIDENCE. No. 1547 Myrtle ave ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: 46 Years ~~Don't Know~~ Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alabama

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant (Address): Jno Harry Greenlee 1547 Myrtle ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-5 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1932 19 . to Sept 8 . 1932 that I last saw h alive on Sept 4 1932 and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

a few hours
(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Chronic Nephritis mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. Peterson M. D.

9-6-32 . 19 (Address) 1111 Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL: Sept 8 32

20 UNDERTAKER: Samuel D. Hensley ADDRESS: Biddle

Huntington Williams, M.D.

1-30—M. & T.—100 B—50L

82698

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 82698

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 W. Fayette ST. 18-26 (WARD)

2-FULL NAME Lennie Brown Rawlins

(a) RESIDENCE NO 1047 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 18, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	60	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Lillie Christian

(Address) 1047 W Fayette St.

15 Filed Sept 12, 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) Suddenly yrs. mos. da.

CONTRIBUTORY (Secondary) Disease Chronic Myocardial (duration) unknown yrs. mos. da.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cornwell, M. D.
Coroner

9/7, 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 11, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St.

M. D. B. 1268-9

82699 HEALTH DEPARTMENT—CITY OF BALTIMORE 82699

CERTIFICATE OF DEATH

93-003

Registered No. 22444

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Montebello Terrase 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L.Burger.

(a) Residence: No. 2831 Montebello Terrace St., 27 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Burger

6. DATE OF BIRTH (month, day, year) Oct. 20th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Richmond Market.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Burger

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Hetzler.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mary M. Burger (Wife) 2831 Montebello Terrace.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 9 1932

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 403 S. Wolfe st.

20. FILED Sept. 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6th/32

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1932 to Sept 6 1932

I last saw h alive on Sept 6 1932 Death is said to have occurred on the date stated above, at 10:30A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Heart Block

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Krauss M. D.

(Address) 4 W. Hoffman St

M. D. B. 1268-9

Helfer

E 82700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82700

CERTIFICATE OF DEATH

186 V 001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Lehigh St., 26-39 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Helfer.

(a) Residence: No. 919 N. Lehigh St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lena C. Helfer.

6. DATE OF BIRTH (month, day, year) July 20 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chemist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena C. Helfer (Wife)
(Address) 919 N. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Sept. 9, 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

Probably Fractured Skull — Date of onset

Accidentally fell down stairs in his home

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. H. Cain, M. D.
Coroner

(Address) 508 E. Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82701

E 82701

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 Belt St. St., 24-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Schubring

(a) Residence: No. 1836 Belt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: mary Schubring

6. DATE OF BIRTH (month, day, year): oct 9. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Frederick Schubring

14. BIRTHPLACE (city or town) (State or country): germany

MOTHER

15. MAIDEN NAME: Annie

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. mary Schubring

(Address) 1836 Belt St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy cross Cem. Date Sept 10. 1932

19. UNDERTAKER: Margaret H. Flynn

(Address) 1422 Light St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7. 1932 to Sept 7. 1932

I last saw him alive on Sept 7. 1932 Death is said to have occurred on the date stated above, at 11.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	9/7/32
Toxemia	9/7/32
Nephritis 2 yrs	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. J. Hartzler, M. D.

(Address) 102 E. Fort Ave.

M. D. B. 1268-9

82702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82702

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 19 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Rose

(a) Residence: No. 45 E. Main St, Plymouth, Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) Dec 1? 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	27 76	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Surash, Russia

FATHER

13. NAME Max Rose

14. BIRTHPLACE (city or town) (State or country) Surash, Russia

MOTHER

15. MAIDEN NAME Rose Carosiff

16. BIRTHPLACE (city or town) (State or country) Costocoiviton, Rus

17. INFORMANT Bessie Rose (Address) 45 E. Main St.? Plymouth Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Plymouth, Pa. Date 9-8- 1932

19. UNDERTAKER [illegible] (Address) 1437 E. [illegible] St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 8/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.10 A.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Messenteric Thromoosis ? 9/7/32

Other contributory causes of importance:

Heart failure

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] Coroner . M. D.

(Address) 108 E Main

2703

STATE OF MARYLAND—CERTIFICATE OF DEATH 82703

72-002

1. PLACE OF DEATH

County Baltimore City

Registration Dist. No.

Village or City Mercy Hosp.

No. 447 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer M. Gardner

(a) Residence: No. 2 Parkville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George L Gardner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Blanchee Parkville

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) George L Gardner Parkville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Levindale Cemetery Date Sept 12, 1932

19. UNDERTAKER (Address) J. E. Siegmund & Sons Govans Balto Md

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 8th (Day), 1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 03, 1932, to Sept 8, 1932

I last saw h... alive on Sept 8, 1932; death is said to have occurred on the date stated above, at 9:30 Am.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows

	Date of onset
Malignant Lymphoma	4 mos
Pleural Metastases	1 mos

Other **Contributory Causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Arthur L Levinsky M. D.

(Address) Mercy Hospital

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

1-30—M. & T.—100 B—50L

E 82704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82704

CERTIFICATE OF DEATH

REGISTERED NO. 25-76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Joseph Ave. St. Cherry Hill. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Kelly.

(a) RESIDENCE NO 2915 Joseph Ave. ST. Cherry Hill. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 8, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John F. Kelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Bernard Bayline. (nephew)

(Address) 2915 Joseph Ave. Cherry Hill.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Eisenhardt, M. D. Coroner

9/7/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Holy Redeemer

DATE OF BURIAL Sept 9 19 32

20 UNDERTAKER J. E. Thauer & Son

ADDRESS 703 Hamilton Ave

SEP 8 1932

M. D. B. 1265-9

82705 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82705

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 19237

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sophie C. Vogt

(a) Residence: No. Aged Woman's Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick C. Vogt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Berlage

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna M. Turlington

(Address) 1404 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 9, 1932

19. UNDERTAKER George J. Smith

(Address) 1532 Hollins St.

20. FILED Sept. 9, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Sept. 7, 1932

I last saw her alive on Sept. 7, 1932 Death is said to have occurred on the date stated above, at 7:12 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/3/32

Other contributory causes of importance:

Old age.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Lowe, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 82706

82706

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Rivera Apts. 16 St. 13-54 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nitty Pike Moses

(a) Residence: No. Rivera Apts. 16 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Abram Moses

6. DATE OF BIRTH (month, day, year): Dec. 29, 1866

7. AGE: Years 65 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.

FATHER

13. NAME: Sampson Pike
14. BIRTHPLACE (city or town) (State or country): Richmond, Va.

MOTHER

15. MAIDEN NAME: Jennie Jackson
16. BIRTHPLACE (city or town) (State or country): Richmond, Va.

17. INFORMANT: Mr. M. Pike
(Address) Rivera Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Sept. 9, 1932

19. UNDERTAKER: Harid Goodhair & Son
(Address) 702 Eutaw Place

20. FILED Sept 9, 1932, 19..... A. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from For past 20 years to Sept 6, 1932
I last saw h[illegible] alive on Sept 6, 1932 Death is said to have occurred on the date stated above, at 11 30 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset: 1917

Other contributory causes of importance:

Cerebral Hemorrhage — 9/4/32

Name of operation: None Date of: No

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stoudnah McAleer M. D.
(Address) 1609 Linden Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82707 — CERTIFICATE OF DEATH — E 82707

M V

X 210-062

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (St.) (Ward) 217

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Famous Jones

(a) Residence: No. Whiteford, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whiteford, Md

FATHER

13. NAME Isaac Jones.

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Nevins

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Elizabeth Jones.

(Address) Whiteford Md. Cor. Main and

18. BURIAL, CREMATION, OR REMOVAL Cordt

Place Mt. Ridge Cem. Date Sept 10. 1932

19. UNDERTAKER Walter P. Hopkins

(Address) Delta Pa.

20. FILED Sept 10 1932 Thos. J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 ... to injury, 19 ... I last saw h... alive on injury, 19 ... Death is said to have occurred on the date stated above, at 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Internal Injuries	9/7/32
Other contributory causes of importance:	
Automobile accident	9/7/32

Name of operation Not Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/7. 1932

Where did injury occur? Belair Rd near Taylor Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Motorcycle which he was riding collided with an auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Fokanys M. D. Coroner

(Address) 220 E. Monument St.

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82708 50 E 82708

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Calvert St. 12-14 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth K. Duke

(a) Residence: No. 1709 N. Calvert St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of ~~HUSBAND of~~ Farran Duke

6. DATE OF BIRTH (month, day, year) Sept 25th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Johnson Kent

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Blake

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Joseph B. Kent

(Address) 2735 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Date Sept 7th 1932

19. UNDERTAKER Wm. Cook

(Address) 1207 St. Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Sept. 7 1932

I last saw her alive on Sept 7 1932 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset about 4 yrs. ago.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Hyp. examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. T. Shemwell M. D.

(Address) 3310 Tioga Parkway

M. D. B. 1268-9

2709

E 82709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH — Church Home and Infirmary

CITY OF BALTIMORE: (No.) Baltimore, Md. St., 19-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Isaac Herling

(a) Residence: No. 1626 Hartford Ave. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mrs. Lia Herling

6. DATE OF BIRTH (month, day, year) — April 15, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — Baltimore Maryland

FATHER

13. NAME — Morris Herling

14. BIRTHPLACE (city or town) (State or country) — Russia

MOTHER

15. MAIDEN NAME — Blankenstein

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — Jack Lewis Inc
(Address) 1434 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL — Riverdale Cemetery Date 9/9/32, 19

19. UNDERTAKER — Jack Lewis Inc
(Address) 1439 E. Balto St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Sept. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932 to Sept 8, 1932

I last saw him alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	Feb 1932
Chronic Endocarditis	Feb 1932
Mitral Insufficiency	" "
Myocardial Failure	Sept 1, 1932

Other contributory causes of importance:

Name of operation — None — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. Webber Young, M. D.

(Address) Church Home & Infirmary Balt.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82710 82710 82710

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 27-54 St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Donovan
(a) Residence: No. 2026 Kelley ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER
13. NAME Thomas Berry
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Sarah Anderson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Iver Del. Date 9/9 32

19. UNDERTAKER Archibald C. Haddis
(Address) 221 N. Collington Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Sept 7, 1932
I last saw her alive on Sept 7, 1932. Death is said to have occurred on the date stated above, at 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Arteriosclerosis	
Hypertension	
Chronic vascular nephritis	

Other contributory causes of importance:
Bronchopneumonia
Fibrous pericarditis

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) James Bowling Jr. M. D.
(Address) Johns Hopkins Hospital

Spec.—1-10-21—MAT—1500 Blks.

E 82711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82711

CERTIFICATE OF DEATH.

119

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1741 N. Chester St ST., 8-16 WARD)

2-FULL NAME Donald Welsh

(a) RESIDENCE NO. 1741 N. Chester St ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) Apr 9/32

7 AGE: Years | Months: 4 | Days: 29 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Ira H. Welsh

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Marie M. Weidinger

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Ira H. Welsh (Address) 1741 N. Chester St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, to Sept 6, 1932, that I last saw him alive on Sept 6, 1932, and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Sepsis Anemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

Sept 8, 1932 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 9/9 1932

20 UNDERTAKER Philip Henry Adams

ADDRESS 2016

Spec. 6-9-19—H. P. Co.—1000 Blks.

82712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

177 ✓ REGISTERED NO. E 82712

1-PLACE OF DEATH

CITY OF BALTIMORE: No 932 Bernard St. 11-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Hayes Mayfield

(a) RESIDENCE No. 932 Bernard St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Hayes Mayfield

6 DATE OF BIRTH (month, day, and year): May 4 1872

7 AGE — Years: 59 yr. Months: 6 mo Days: 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer): Preparing food

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Stokely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Ida B. Smullen

(Address) 1720 E. Madison St.

15 Filed SEP 5 - 1932 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6th 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 31st 1932 to Sept 6th 1932 that I last saw h[illegible] alive on Sept 6th 1932 and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Ptomaine Poisoning 6d

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Mental debility

(duration) yrs. mos. 14 d.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart, breathing &c

(Signed) D Grant Preston M. D.

19 (Address) 2401 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cemetery — DATE OF BURIAL: Sept 8 1932

20 UNDERTAKER: Mrs. Ida B. Smullen — ADDRESS: 1720 E. Madison St

M. D. B. 1268-9

82713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E. 82713

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Barclay St. St., 12-50 Ward).

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Life.

2. FULL NAME Margaret Sauer.

(a) Residence: No. 2236 Barclay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 24th 1840.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	92	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Sauer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Hoffanau.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Josephine Flerlage (Sister)
(Address) 2236 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 10 1932

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1932 to Sept 8 1932

I last saw her alive on Sept 8 1932 Death is said to have occurred on the date stated above, at 9:30A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Heart failure

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald J. Lowe M. D.

(Address) 414 E. Northern

M. D. B. 1268-9

82714 F-82714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 V

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balt Med St. 21-19 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city, or town, where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Kate Keehner

(a) Residence: No. 1148 Scott St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Oct. 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Raap

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stengel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 10, 1932

19. UNDERTAKER Vernon Eichner

(Address) 1532 Fulton St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1932 to 9-7, 1932

I last saw her alive on 9-7, 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-2-32

Other contributory causes of importance:

Diabetes mellitus	about 1-1-32
Arteriosclerosis	unknown
Cystitis	unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

9-8-32 (Signed) Elmer Hitchcock Jr. M. D.

(Address) Balto. City Hospitals

M. H. B. 1268-9

82715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82715

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto Md. St., 76-37 Ward.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Murchison

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Unknown

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED 7263 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 3 0 1932 to 9 5 1932

I last saw him alive on 9 5 1932 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unknown
Other contributory causes of importance: Senile Infection	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ...

B 82716 — Dec. 20 M 250 Bks.

B 82716

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1614 Division ST. 14-20 WARD)

2-FULL NAME Mollie Morsell

(a) RESIDENCE NO. 1614 Division ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of or) WIFE of Richard Morsell

6 DATE OF BIRTH (month, day, and year): Aug 6th 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: not known
11 BIRTHPLACE OF FATHER (city or town) (State or country): not known
12 MAIDEN NAME OF MOTHER: Josephine Williams
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Richard Morsell
(Address): 1614 Harrison St.

15 Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7th 1932.

17 I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1932, to Sept 7th, 1932.
that I last saw her alive on Sept 6th, 1932.
and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. ___ mos. 5 ds.
CONTRIBUTORY (Secondary) Cerebral Apoplexy
(duration) yrs. ___ mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical
(Signed) Harry F. Brown, M. D.
9/7, 1932 (Address) 1916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem
DATE OF BURIAL: 9/10, 1932
20 UNDERTAKER: Samuel D. Hemsley
ADDRESS: 5 W. Baltimore

M. D. B. 1268-9

~~32717~~

✓ E 82717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore, Md., St. N-21 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willis Gant

(a) Residence: No. North East Maryland — Cecil Co St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 9. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Betsy Greene

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Record Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5-32

22. I HEREBY CERTIFY, That I attended deceased from 3-27 19 32 to 9-5- 19 32

I last saw him alive on 9-4 19 32 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1-27-32
Other contributory causes of importance:	
Bronchopneumonia	9-1-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when

(Signed) [illegible] M.D.

(Address) Balto City Hospitals

M. D. H. 1268-9

82718

HEALTH DEPARTMENT—CITY OF BALTIMORE

82718

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 3-4 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Canniski

(a) Residence: No. 537 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~last WIFE of~~ Alexandria Canniski

6. DATE OF BIRTH (month, day, year) March ? 1887

7. AGE — Years: 45 | Months: 5 6 | Days: ? | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Anthony Canniski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Alexia ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER: Commissioner Health.
(Address)

20. FILED ... 1932 ... 7265 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1932 to 9-6 1932

I last saw him alive on 9-6 1932 Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ascending Colon	?
Other contributory causes of importance: Peritonitis Post operative shock	9-5-32

Name of operation Resection Colon Date of operation 9-5-32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm. Jones Schaefer M. D.

(Address) Balto City Hospitals

Spec.—9 30—A. & Co.—250 Bks

82719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 16-27 12 E 82719

REGISTERED No.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 617 N. Mount St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John James Williams

(a) RESIDENCE No 617 N. Mount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Williams

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Macon Ga.

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) Macon (State or country) Ga.

12 MAIDEN NAME OF MOTHER Lizzie Poole.

13 BIRTHPLACE OF MOTHER (city or town) Macon (State or country) Ga.

14 Informant John Williams (Address) 617 N. Mount St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/8/32

17

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 19 32, to Sept. 8, 19 32

that I last saw him alive on Sept. 8, 19 32

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

Ruptured Appendix

(duration) About one day yrs. mos. ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) About two days yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 12 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Edwards St

M. D. B. 1268-9

E 82720

E 82720 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82720

2648

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Marie Hofstetter

(a) Residence: No. Essex, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-3-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Calvin J Hofstetter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Horn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Sept 9, 1932

19. UNDERTAKER .....
(Address) .....

20. FILED 1266 M Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from Sept- 3, 1932, to Sept- 5, 1932.
I last saw her alive on Sept- 3, 1932. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	
~~Birth injury~~ (2)	
Congenital atelectasis both lower lobes.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A Washington, M. D.
(Address) Johns Hopkins Hospital

M. D. B. 82721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82721

CERTIFICATE OF DEATH

183

Registered No. 1 figure

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Fred'k. Roberts Court St., 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas Van Hiringen

(a) Residence: No. 612 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Holland
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sept 7 1932 Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h— alive on ... 19 ... Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 5 1932

Where did injury occur? Patapsco River
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Accidental Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. H. 1268-9

82722 HEALTH DEPARTMENT—CITY OF BALTIMORE 82722

CERTIFICATE OF DEATH

9-17 178-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Delcher

(a) Residence: No. 1528 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mitten Delcher

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Hazel Sachse

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address) Md. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/10 . 1932

19. UNDERTAKER Henry H. Mears & Son
(Address) 808 N. Edward St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Status Thymicolymphaticus ?
(Died while being anesthetized with ether, preparatory for tonsilectomy.)

Date of onset

Other contributory causes of importance:
Chronic Tonsilitis
Bursitis (left knee)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Weller M. D.
Coroner
(Address) 808 E. Monument

1-30—M. & T.—100 B—50L

E 82723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82723

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward) 8

2-FULL NAME Joseph D. Biggs

(a) RESIDENCE NO 1537 Cole ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 16th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	6	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Biggs

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Viola Barnes

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) North Carolina

14 Informant Frank Biggs
(Address) 1537 Cole St.

15 Filed ..... 192 ..... Registrar

B. F. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) About 4 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) None to my knowledge (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy W. Thomsen M.D. Coroner

9/8 1932 Address 203 Patapsco Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Sept 10 1932

20 UNDERTAKER Harry H. Nuttycombe

ADDRESS 410 Edmondson Ave

FROM IS VERY IMPORTANT. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 82724

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82724

CERTIFICATE OF DEATH

REGISTERED NO. 17001

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 111 S. Calhoun ST. 19-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Begoin

(a) RESIDENCE NO. 111 S. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John Begoin

6 DATE OF BIRTH (month, day, and year): June 24th 1873

7 AGE — Years: 59 — Months: 2 — Days: 13 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Rose Berger

(Address) 111 S. Calhoun St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas — Accidental

(duration) About 1 hr. yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

9/8. 1932 (Address) 1203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 10. 1932

20 UNDERTAKER: Harry N. Nuttycombe

ADDRESS: 1101 Edmondson Ave.

IF IN VERY important See instructions on back of certificates.

1-30—M & T —100 B—50L

E 82725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82725

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST., 8/12 WARD

2-FULL NAME Mary Matejovic

(a) RESIDENCE NO. 2421 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Anton Matejovic

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 71 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Matej Barborka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Josefa Valis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Anton Matejovic

(Address) 2421 E Madison

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous appendix
Chronic Myocarditis Fatty

(duration) unknown yrs. nios ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) unknown yrs. nios. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 9/6/32

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy Y. Cromwell M. D. Coroner

9/7. 1932 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer DATE OF BURIAL 9/10/1932

20 UNDERTAKER: Frank Brachbon ADDRESS 1900 Eutaw Pl

FROM 1 TO 10 Very Important—See Instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 82726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 82726

REGISTERED NO. 22-30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD)

2-FULL NAME James H. Gross. (C)

(a) RESIDENCE NO 602 Houser St.. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Gross. (C)

6 DATE OF BIRTH (month, day, and year) January 15, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer): Chesapeake S/S Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co, Md.

PARENTS

10 NAME OF FATHER: Jack Gross. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER: Georgeanna ----- (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

14 Informant: Laura Gross. (C) Wife.

(Address): 602 Houser St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

(duration) yrs. mos dd

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

8/8/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park National Cemetery

DATE OF BURIAL: Sept 10. 1932

20 UNDERTAKER: Joseph A. Lively

ADDRESS: 439 N. Mount st

Registrar

Spec.—9-30—A. & Co.—250 Bks.

82727 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82727

CERTIFICATE OF DEATH.

1529

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 164 Jackson 24-24 WARD?

2. FULL NAME Frank Schneider

(a) RESIDENCE No. 164 Jackson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Sing

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9.9.1932

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0h Fortal Month		4 hours	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Christian Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Pauline A Kuchtick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant (Address) Mrs Pauline A Kuchtick 164 Jackson St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9.9.32

17 I HEREBY CERTIFY, That I attended deceased from 9.9 .1932 to 9.9 .1932 that I last saw him alive on 9.9 .1932 and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Fortal life Lived 4 hours

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L J Sunlington M. D.

. 19 (Address) 2104 Gut Rolly

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hill Cedar Cemetery — DATE OF BURIAL Sept 10 1932

20 UNDERTAKER August Pasek — ADDRESS 2406 ashland ave

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82728

CERTIFICATE OF DEATH

23 E 82728

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Randall St., 23-32 Ward) 2

Length of residence in city or town where death occurred 29 yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Juliet R. Steffe

(a) Residence: No. 132 W Randall St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon H. Steffe

6. DATE OF BIRTH (month, day, year) Nov 9, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Reuben D Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Alberts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Vernon H Steffe
(Address) 132 W Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Sept 10, 1932

19. UNDERTAKER C. Howard Evans
(Address) 27 S Fremont Ave

20. FILED ... 19... C. V. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to Sept 7, 1932

I last saw her alive on Sept 5, 1932 Death is said to have occurred on the date stated above, at 1 O P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Mdfy.	
Other contributory causes of importance: Exhaustion	Sept 5/32

Name of operation none Date of —

What test confirmed diagnosis? Clinically Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? no If so, how? ...

(Signed) H. H. Crumpton M. D.

Sept 8/32 (Address) 1644 Edmondson Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82729

CERTIFICATE OF DEATH

53 E 82729

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1527 Battery St. 1-34 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George M. Schaumloffel

(a) Residence: No. 1527 Battery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa Schaumloffel

6. DATE OF BIRTH (month, day, year) Dec 20 1868

7. AGE: Years 63 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Proctor Gamble

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Castle Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Schaumloffel
(Address) 1527 Battery St

18. BURIAL, CREMATION OR REMOVAL
Place Mt Olivet Date Sept 12 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to Sept. 8, 1932

last saw h im alive on Sept. 8, 1932 Death is said to have occurred on the date stated above, at 1.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma multiple	Feb. 1932
Other contributory causes of importance: Malignant Cachexia	

Name of operation Excision of gland Biopsy Date of April 1932

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry Weibel M. D.

9/9/32 (Address) 1224-1226 Hanover Street

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82730

CERTIFICATE OF DEATH

E 82730

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 Turnbridge (Street) (Ward) 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence E. Fewin

(a) Residence: No. 528 Turnbridge Ward.
(Usual place of abode) 34 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A Fewin

6. DATE OF BIRTH (month, day, year) Dec 5 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) St Michaels Md

FATHER

13. NAME Nicholas Kirby

14. BIRTHPLACE (city or town) (State or country) St Michaels Md

MOTHER

15. MAIDEN NAME Mahlia Bryan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Roger M Lynch

(Address) 528 Turnbridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hayden Date 9/12 32

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul Street

20. FILED 2 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932 to Sept 9 1932

I last saw her alive on Sept 8 1932 Death is said to have occurred on the date stated above, at 5.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Sept 6th 1932
Mitral Stenosis	about 20 yrs ago

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roger Lynch M. D.

(Address) Rutledge 9th 32

M. D. B. 1268-9

E 82731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82731

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 W. Hill St. 23 Ward)

Length of residence in city or town where death occurred 8 yrs. + mos. + ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ezekiel Mosley -

(a) Residence: No. 1314 W. Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col - | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Oct 18 - 1900

7. AGE: Years 31 | Months 2 10 | Days 10 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wash Engines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad 23

10. Date deceased last worked at this occupation (month and year): July - 1932

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Pace Virginia

FATHER

13. NAME: John Mosley -

14. BIRTHPLACE (city or town) (State or country): Pace Virginia

MOTHER

15. MAIDEN NAME: Sarah Hightower

16. BIRTHPLACE (city or town) (State or country): Pace Virginia

17. INFORMANT: Eddie Mosley -
(Address) 919 Scarlett

18. BURIAL, CREMATION, OR REMOVAL
Place Pace, Va. Date 9/10/32 19

19. UNDERTAKER: Isaiah L. Brown & Son
(Address) 108 W Montgomery St

20. FILED ..... 19 ..... Registrar. H.P.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/8 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/2 1932 to 9/8 1932

I last saw h— alive on 9/8 1932 Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
3 mo -

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Dan'l Drewer M. D.

(Address) 1212 W Fay

M. D. B. 1268-9

E 82732 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82732

CERTIFICATE OF DEATH

122-002

Registered No. 18-116

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. (Street)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha E. Bartholomew

(a) Residence: No. 842 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. C. Murphy Co 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Bartholomew

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Elizabeth Reik

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Adam Bartholomew

(Address) 2803 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9-12th, 1932

19. UNDERTAKER Mrs Chas A G Roloff

(Address) 2327 Edmondson Ave

FILED. 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 9/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 5.20 A.M.

The principal cause of death and related causes of importance were as follows:

Intussesseption (Telescoped bowel — Date of onset

Other contributory causes of importance:

Post-operative adhesions

Name of operation release of bowel Date 9/8/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Coroner

M. D. B. 1268-9

E 82733

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82733

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2344 Eutaw Place St. 13-59 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Floss Adler

(a) Residence: No. 2344 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby. 8, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry M. Adler

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Hellen Floss

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Miss. Kraus,
(Address) 2344 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Sep. 11 1932

19. UNDERTAKER Penal Sondheim & Co.
(Address) 1902 Eutaw Place

20. FILED 1932 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to Sept 9th 1932

I last saw her alive on Sept 9th 1932 Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1922
Cor Pulmonale	1930
Cerebral Hemorrhage	1932
Sept 9/32	

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur Kelly Levy, M. D.

(Address) Hearst Tower Bldg.

M. D. H. 1268-9

E 82734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82734

CERTIFICATE OF DEATH

82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 2 B. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sol L. Clarke

(a) Residence: No. Esplanade Apts. 2 B. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Pinkus Clarke

6. DATE OF BIRTH (month, day, year) June 2, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drugs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 033

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME Henry Clarke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Hoffman

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Miss. Clarke, (Address) Esplanade Apts.

18. BURIAL, CREMATION, REMOVAL Place Balto. Hebrew Date Sep.11 19 32

19. UNDERTAKER David Sonnenstein's Son (Address) 1902 Eutaw Place

20. FILED Sep 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1932 to September 9, 1932

I last saw him alive on September 4, 1932. Death is said to have occurred on the date stated above at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Coronary artery	August 32
Cerebral embolism	Sept. 9-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marcus Bressler, M. D.

(Address) 1417 Eutaw Place.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82735

CERTIFICATE OF DEATH

E 82735

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Eutaw Place St. 14-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moses B. Eiseman

(a) Residence: No. 1807 Eutaw Place. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eugenia Lobe Eiseman

6. DATE OF BIRTH (month, day, year) Dec. 15, 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	8	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bernard Eiseman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eenestine Scheuer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Walter Eiseman
(Address) 1807 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Sep. 11 1932

19. UNDERTAKER David Sandbank & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Sept 8, 1932

I last saw h Em alive on Sept 8 1932 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Sept 1, 32

Other contributory causes of importance:

Myocarditis, Arterio Sclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore N. Morrison, M. D.

(Address) 1013 N. Charles St.

M. D. B. 1268-9

E 82736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82736

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertye Marks

(a) Residence: No. 904 Mevington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Montague Marks

6. DATE OF BIRTH (month, day, year) Mch. 31 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Aug. 13/1932. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Levi Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Fox

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. M. Marks

(Address) 904 Mevington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jsh. Friendship Date Sept. 11 1932

19. UNDERTAKER Harris Sonnheim & Son

(Address) 1702 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from August 13 1932 to September 9 1932

I last saw her alive on Sept. 9 1932 Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) David Stanford Claypoole M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

82737 Ped. **HEALTH DEPARTMENT—CITY OF BALTIMORE** L E 82737

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-9 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilda Eckerich

(a) Residence: No. 9 Paradise Road Ward. .....
(Usual place of abode) Towsons Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/25/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Willard Eckerich
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Zetta Johnston
16. BIRTHPLACE (City or town) (State or country) Orange County Texas

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleaves Date Sept. 9, 32

19. UNDERTAKER John A. Myers
(Address) Bond & Baltimore

20. FILED ..... 1932 ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-5-1932 to 9-9-1932
I last saw her alive on 9-7-1932 Death is said to have occurred on the date stated above, at 2½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal atresia	6 hrs.
Resistor, paralysis	

Other contributory causes of importance:

Dehydration	

Name of operation Gastroenterostomy Date of 9/6/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. P. Eckford M. D.

(Address) Johns Hopkins Hosp.

1-30—M. & T.—100 B—50L

E 82738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82738

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N. Calvert St. ST., 11-15 WARD)

2-FULL NAME Mamie J. Campbell.

(a) RESIDENCE NO 1019 N. Calvert St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 5, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper.
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

PARENTS

10 NAME OF FATHER Dorsey Campbell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown, Md.

12 MAIDEN NAME OF MOTHER Susan C. Rife.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown, Md.

14 Informant Lula Fox. (sister)
(Address) 1523 Park Ave.

15 Filed _____ 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

9/9/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rose Hill - Hagerstown

DATE OF BURIAL 9-13 1932

20 UNDERTAKER W. Marion Routson

ADDRESS 22 S. Mulberry

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82739

E 82739

CERTIFICATE OF DEATH

X 186-001

Registered No. 43-57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Likens

(a) Residence: No. Lonaconing, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2. 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lonaconing Md

FATHER

13. NAME Edwin Likens

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Nettie Elkins

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lonaconing, Md Date Sept. 10 1932

19. UNDERTAKER Wm J Tickner & Sons

(Address) Mt Savage Md

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 9/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.45 m P. M.

The principal cause of death and related causes of importance were as follows:

Septicemia — Date of onset

Other contributory causes of importance:

Fell while running and injured right leg nine days ago

Name of operation Incisions 9 P. Date Sep 9/32

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury Aug 31/32

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Owen M. D.

Coroner

(Address) 508 E Main

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82740

CERTIFICATE OF DEATH

54 E 82740

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E Federal St.) (807 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... d. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Herman L Rohlfs

(a) Residence: No. 1711 E Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Rohlfs

6. DATE OF BIRTH (month, day, year) April 1st 1860

7. AGE 72 Years	Months 5	Days 7	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Rohlfs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Rohlfs

(Address) 1711 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Sept 10. 1932

19. UNDERTAKER Wendell E. Humphreys

(Address) 1501 N Broadway

20. FILED Sept 1 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 . 1932 to Sept 8 . 1932

I last saw him alive on Sept 2 . 1932 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes Mellitus	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John T Carey . M. D.

(Address) 1608 E Broadway

AaCo. 5-31 250B

82741 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82741

CERTIFICATE OF DEATH X V94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Austin J. Arthur

(a) Residence: No. Hudgins, Mathews Co. Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~Widow of~~ Rosa L. Arthur

6. DATE OF BIRTH (month, day, year) April 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	53		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister. 018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baptist Church Hudgins

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Va

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm. H Arthur

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah Jackson

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Elmer L. Arthur
(Address) 1126 Roland Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
David Rinaca Date Sept 12, 1932

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Chestnut Ave.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 1 - , 1932 to 9 - 8 - , 1932

I last saw h.i.m. alive on 9 - 8 - 1932 death is said to have occurred on the date stated above, at 9:15 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-30 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Emil O. Hillenbrand, M. D.

(Address) Univ. Hospital

M. D. B. 1268-9

82742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82742

2645

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 12 W

CITY OF BALTIMORE: (No. ..... St. 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie Thomas.

(a) Residence: No. 427 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Thomas

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 27

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 9/10/32

19. UNDERTAKER Mrs. Ida H. Holland (Address) 1621 Druid Hill Ave

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept-4, 1932 to Sept-6, 1932

I last saw her alive on Sept-6, 1932 Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	?
Suppurative Pyelo phlebitis	12 days ago.
Uraemia	
Septicaemia ?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Y...o...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Stanton McHardy, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82743

CERTIFICATE OF DEATH

93 E 82743

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 22-30 Ward) 0

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miles O'Connor

(a) Residence: No. 61F-620 Light St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. O'Connor

6. DATE OF BIRTH (month, day, year) Mar. 21, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Miles O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Clancy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Sept. 13, 1932

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1932, to 9/9, 1932. I last saw him alive on 7/9, 1932. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	5 days
Other contributory causes of importance: Chronic myocarditis & decompensation	2
Bronchopneumonia	2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Woodman, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82744

CERTIFICATE OF DEATH

E 82744

72-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 72-449 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Britton, Bertram

(a) Residence: No. 3959 Cloverhill Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-20-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edw Bertram

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Vivienne Hutchinson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Sept 10. 1932

19. UNDERTAKER John O Mitchell & Son

(Address) Pleasant & Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 . 1932 to Sept 10 . 1932

I last saw h~~im~~ alive on Sept 12 . 1932 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	7/25/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Beckford, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

82745 HEALTH DEPARTMENT—CITY OF BALTIMORE 82745

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 58-63 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Baker

(a) Residence: No. 4806 Hadden Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-10-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Stanley Vesh Baker

14. BIRTHPLACE (city or town) (State or country) Flemingsburg Kentucky

MOTHER

15. MAIDEN NAME Grace Talitha Mills

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Sept 10, 1932

19. UNDERTAKER William C Black
(Address) 27 N Fremont Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10 (3.15 A.M.) 1932, to 9-10 (3.20 A.M.), 1932

I last saw her alive on 9-10, 1932. Death is said to have occurred on the date stated above, at 3.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	
Other contributory causes of importance: Difficult breech delivery	10 Sec

Name of operation Primary Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ... Maryland General Hospital

M. D. B. 1268-0

82746

HEALTH DEPARTMENT—CITY OF BALTIMORE

82746

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals 5-21

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Jacobson

(a) Residence: No. 1627 McKean Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 18, 1911

7. AGE: Years 21 | Months 3 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Max Jacobson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Dora Cotton

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Parents

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burying Ground Date Sept 11. 1932

19. UNDERTAKER: Lemmon Bro

(Address) 1127 E Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31. 1932 to Sept 10. 1932

I last saw him alive on Sept 9. 1932 Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia, Both Lungs	Aug 31 1932
Other contributory causes of importance:	
Bronchitis, Chronic	June 1932

Name of operation: Incision & Drainage Abscess Was there an autopsy? No

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

AaCo. 5-31 2508

E 82747 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82747

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Fillmore St., 9-46 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter F. Curran

(a) Residence: No. 1139 Fillmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary Curran

6. DATE OF BIRTH (month, day, year) May 9-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Pittsburg P.O.
(State or country)

FATHER

13. NAME Peter Curran

14. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mary M Chantrill
(Address) 4401 Cooke Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 9-12, 1932

19. UNDERTAKER Leonard J. Rock
(Address) 1305 Maryland Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931 to Sept 9th, 1932

I last saw h.. alive on Sept 3rd, 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis	June 1931

Other contributory causes of importance:

Edema of lungs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. J. Santagni, M. D.

(Address) 4192 Mettam Ave

Spec.—1-30—M. & T.—250 Bks

82748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82748

1315

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Orleans ST., 6-9 WARD)

2-FULL NAME Mary Elisabeth Boyd

(a) RESIDENCE NO. 1911 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm John Boyd

6 DATE OF BIRTH (month, day, and year) Oct. 26-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Galena, Kent County, Maryland

PARENTS

10 NAME OF FATHER Ezekiel Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Mrs Eva Lee Lyons 1911 Orleans St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 10-1932

17 I HEREBY CERTIFY, That I attended deceased from December 5, 1931, to Sept. 10, 1932,

that I last saw her alive on Sept. 10, 1932,

and that death occurred, on the date stated above, at 1020 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease and Chronic interstitial nephritis

(duration) yrs. 8 mos 27 ds.

CONTRIBUTORY (Secondary) acute dilatation of heart Coma

(duration) yrs. mos. few ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs. Urine & Blood.

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 9/13/ 1932

20 UNDERTAKER John H. Coffagi

ADDRESS Baltimore Md

M. D. B. 1268-9

E 82749 Benke E 82749

E 82749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. md St., 5-40 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Zenks

(a) Residence: No. 3161 Elmora St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hermon Zenks

6. DATE OF BIRTH (month, day, year) April 18, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Holm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/13 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-19 1932 to 9-9 1932

I last saw h[illegible] alive on 9-9 1932 Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	Unknown
Other contributory causes of importance: Bronchopneumonia	9-6-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

9-9-32 (Signed) Elmer Hillegas M. D.

(Address) Balto City Hospitals

M. D. B. 1265-9

Jones'

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82750

26459 Med E 82750

CERTIFICATE OF DEATH

23v

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. 6-4 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Jones

(a) Residence: No. 416 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emily Anthony

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 11, 1932

19. UNDERTAKER Wm. H. Henderson
(Address) 1100 E. Monument St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932 to Sept 8, 1932

I last saw her alive on Sept 8, 1932 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1925
Acidosis about	Sept 2
1	

Other contributory causes of importance:

Pulmonary tuberculosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

E 82751

1-30—M & T—100 B—50L

E 82751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hosp. ST. 16-68 WARD)

2-FULL NAME John T. Newkirk

(a) RESIDENCE NO. 2323 Arunah Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E. Newkirk

6 DATE OF BIRTH (month, day, and year) Feb. 7/76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) A.R. 07
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Jos. Newkirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Eagleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Dora E. Newkirk

(Address) 2323 Arunah Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. J. Norris M. D., M. D. Coroner

19 (Address) 1305 N. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk.

DATE OF BURIAL 9/12 1932

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 82752

E 82752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. Biddle St. 10-14 Ward)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary N. Farrington

(a) Residence: No. 707 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5th 1867

7. AGE: 65 Years | Months | 4 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Farrington

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Lowd.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Peter Farrington

(Address) 707 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/12 1932

19. UNDERTAKER John J Codrai & Son

(Address) 1901 Hollins St.

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1932 to Sept 9 1932

I last saw her alive on Sept 9 1932. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Thrombosis	9/9/32
(b)	
(c)	
(d)	

Other contributory causes of importance:

Cardiac Asthma

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Albert N. Dew M. D.

(Address) 7472 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 82753

E 82753

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Hillen ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Giuseppe Serio

(a) RESIDENCE NO. 929 Hillen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Serio

6 DATE OF BIRTH (month, day, and year) abt 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 45

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Charles Serio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Saia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Seppi

(Address) 444 N. Ogby St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8-1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932 to Sept 8, 1932

that I last saw him alive on Sept 8, 1932

and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano M. D.

Sept 9, 1932 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Italy / Fordham

DATE OF BURIAL 9/12/32

20 UNDERTAKER Geo. J. Ruth Inc

ADDRESS 1735 Hafy

82754

E 82754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 515 S. Ponca St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ruby R. Maxwell

(a) Residence: No. 515 Ponca St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 25 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Thomas W. Maxwell

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Eliza Thompson

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs Eliza Maxwell
(Address) 515 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdown, Date Sept 12, 1932

19. UNDERTAKER John A. Myers
(Address) 2000 E. Baltimore St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Sept 10 1932

I last saw h[illegible] alive on Sept 9 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1930

Other contributory causes of importance:

Acute Bronchitis	9, 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

9/12/32 (Address) 615 S. Highland Ave

M. D. B. 1268-9

82755

HEALTH DEPARTMENT—CITY OF BALTIMORE 82755

CERTIFICATE OF DEATH

V35 D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.. 5-8 Ward)

Length of residence in city or town where death occurred.... yrs.... mos.... ds. How long in U. S. If of foreign birth?.... yrs.... mos.... ds.

2. FULL NAME Richard Henry Noisette

(a) Residence: No. 405 Alvin St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5- 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Martha Joiner
(Address) 405 Calvin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9-12 1932

19. UNDERTAKER Dent Eastern
(Address) 916 Pa Ave

20. FILED SEP 13 1932, 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1932, to Sept 10, 1932
I last saw him alive on Sept 10, 1932 Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple urethral strictures	about 1917
Acute retention	Sept 7 1932
Other contributory causes of importance: Myocardial failure	Sept 9, 1932

Name of operation Suprapubic cystotomy Date of Sept 8

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Dunn Moore M. D.

(Address) University Hospital

M. D. B. 1268-9

82756 HEALTH DEPARTMENT—CITY OF BALTIMORE 82756

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christina Cortez

(a) Residence: No. 1715 Bank St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Louis Cortez

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Mary Lemondes

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Louis Cortez
(Address) 1715 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9-12 1932

19. UNDERTAKER Dennis Easton
(Address) 216 Lexington

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage- Probably Fractured Skull — Date of onset .....

Other contributory causes of importance:

Accidentally fell out of bed at home. Sep/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~Suicide? or homicide?~~ ... Date of Injury ... 19 ...

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) ... M. D.
Coroner

(Address) 108 E Preston

M. D. H. 1268-9

E 82757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M E 82757

X 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-30 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Calvin Dempsey Souder

(a) Residence: No. Laurel, Md. Route 1 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md

FATHER

13. NAME Edgar H Souder

14. BIRTHPLACE (city or town) (State or country) Laurel, Md

MOTHER

15. MAIDEN NAME Mary A Cook

16. BIRTHPLACE (city or town) (State or country) Laurel, Md.

17. INFORMANT Edgar H Souder

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Emmanuel Cem Sept 13th 1932

19. UNDERTAKER Loyd Davis

(Address) Laurel Md.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1932

22. I HEREBY CERTIFY, That I attended deceased from

Inguiry . 19 . to . 19

I last saw him alive on Inguiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. fracture left femur	9/11/32
Remarks & Shock	

Other contributory causes of importance:

Struck by automobile	9/11/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/10 1932

Where did injury occur? Laurel to Highland Rd on Laurel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Struck by auto while walking in road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Tony M. D.

Coroner

(Address) 22-05 E Madison St

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82758

CERTIFICATE OF DEATH

120 82758

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp (St.) 714-33 (Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles De Falco

(a) Residence: No. 1441 Boyle St (Usual place of abode) St., 74 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary DiFalco

6. DATE OF BIRTH (month, day, year) 6/6 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fire Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City Fire Dept.

10. Date deceased last worked at this occupation (month and year): 11

11. Total time (years) spent in this occupation: 032

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Augustine De Falco

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary DiFalco

(Address) 1441 Boyle St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 9/13 1932

19. UNDERTAKER: Leary Bros

(Address) 1310 Eutaw St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1932

22. I HEREBY CERTIFY, That I attended deceased from August 25 1932 to Sept 10 1932

I last saw him alive on Sept 10 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enterocolitis	
Other contributory causes of importance: Abdominal abscess	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. F. Young M. D.

(Address) St. Joseph Hosp

M. D. B. 1268-9

82759

E 82759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Greenmount Ave 12-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Patrick J. Carroll

(a) Residence: No. 3208 Greenmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K Carroll

6. DATE OF BIRTH (month, day, year) 7-2-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	02	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 45

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John J Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Mulchall

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Kennedy Carroll
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Sept 12 1932

19. UNDERTAKER Mary M Whitehead
(Address) 501 E 22nd St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/32

22. I HEREBY CERTIFY, That I attended deceased from 5/11 1932 to 9/9 1932

I last saw h[illegible] alive on 9/9 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	9/8/32
Coronary Edema	5/1932
Other contributory causes of importance: Nephritis Chronic Arteriosclerosis	1931 1931

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas F Hunt M. D.

(Address) 582 E 22nd St

DECEASED'S OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 82760

E 82760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1230 E. Chase ST. (or WARD) 164

2-FULL NAME Helen Marie Matejka

(a) RESIDENCE NO. 1230 E. Chase ST., WARD Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. 13 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: no.

6 DATE OF BIRTH (month, day, and year): July 29, 1931.

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
13 mo.	1	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Phila. Pa.

PARENTS

10 NAME OF FATHER: William Matejka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Galva Slovakia

12 MAIDEN NAME OF MOTHER: Maria Paval

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Galva Slovakia

14 Informant: Mother Marie Paval
(Address) 1230 E. Chase St.

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/11/32

17 I HEREBY CERTIFY, That I attended deceased from 9/10, 1932, to 9/11, 1932, that I last saw h[illegible] alive on 9/11, 1932, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis (Infantile Paralysis)

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis.

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Balto. or Phila.

Did an operation precede death? no. Date of ____

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Sigl. Littman, M. D.

, 19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Sept 12 1932

20 UNDERTAKER: Henry Hoecker Sons Inc

ADDRESS: 1301 E. Eager St

M. D. B. 1268-9

E 82761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82761

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Weldon Circle St., 13-57 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph T. Barnes

(a) Residence: No. 1308 Weldon Circle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida F Barnes

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida F. Barnes
(Address) 1308 Weldon Circle

18. BURIAL, CREMATION, OR REMOVAL
Pine Ridge Date Sept 13, 1932

19. UNDERTAKER Chenowith Bros
(Address) 2317 E Chase St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to Sept 11, 1932

I last saw h[illegible] alive on Sept 11, 1932 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Chronic Nephritis	1928

Other contributory causes of importance:

Myocardial insufficiency	3/4/10

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J N Mesaros M. D.

(Address) 848 W 36th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 82762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82762

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Linnard St., 16-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Godman

(a) Residence: No. 1609 Linnard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of George Wm Godman

6. DATE OF BIRTH (month, day, year): July 1, 1859

7. AGE: Years 73 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

FATHER

13. NAME: Thomas M. Camden

14. BIRTHPLACE (city or town) (State or country): Parkersburg Va

MOTHER

15. MAIDEN NAME: Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Miss Virginia C. Godman

(Address) 609 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem. Date: Sept 12, 1932

19. UNDERTAKER: Wm H. Harper Sons

(Address) Hoffa & Parkes.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926 to Sept 9, 1932

I last saw h alive on Sept 8, 19 ..... Death is said to have occurred on the date stated above, at 7.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	
Dilatation of Heart	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Edw A. Hetrand, M.D.

(Address) 1219 Linnard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

82763

HEALTH DEPARTMENT—CITY OF BALTIMORE

82763

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Nolan Rd St.) (Ward) 7-48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Howard Walker

(a) Residence: No. 409 Nolan Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Walker

6. DATE OF BIRTH (month, day, year) 5/15/65

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME C. B. Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ella Barnes

16. BIRTHPLACE (city or town) (State or country) Barnesville Ohio

17. INFORMANT Isaac Walker

(Address) 409 Nolan Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Sept 12 1932

19. UNDERTAKER Chas. E. Isaac & Son

(Address) 1600 Madison Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Sept 9th 1932

I last saw her alive on Sept 9 1932. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Isaac S. Hoe King M. D.

(Address) 9 Oak Rd Govans

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82764

E 82764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14-20 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Spriggs

(a) Residence: No. 336 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilbert Spriggs

6. DATE OF BIRTH (month, day, year) Oct 1/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Essex Fields

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Rose Young

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Willie Fields (sister)
(Address) 336 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9-13 . 19 32

19. UNDERTAKER George D. H. Gibson
(Address) 1735 E Monument

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 9/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema (Terminal)	

Other contributory causes of importance:

Myoma Uterus-Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Cain M. D.
Coroner

(Address) 1706 E Fort

M. D. R. 1268-9

82765

HEALTH DEPARTMENT—CITY OF BALTIMORE 82765

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 15-22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Johnson

(a) Residence: No. 1317 N. Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-22-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... (State or country) Md

FATHER

13. NAME Leon Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Beckett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Sept 10, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED ..... 19..... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept-6, 1932, to Sept 8, 1932

I last saw her alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 7^05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nutritional toxic Dehydration	
Other contributory causes of importance: Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82766

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 Chilton St. St., 9-4th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Smith

(a) Residence: No. 1642 Chilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie M. Smith

6. DATE OF BIRTH (month, day, year) Feb. 11th. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Gertrude Schnrer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mamie M. Smith
(Address) 1642 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Sept. 13th 19 32

19. UNDERTAKER Chas. P. Evans & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10th. 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 19 32 to Sept 10th, 19 32

I last saw h.im alive on Sept 10, 19 32 death is said to have occurred on the date stated above, at 9 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Salvage	?
Chronic Nephritis	?
Central-spinal Sclerosis	?

Other contributory causes of importance:

Cardiac Insufficiency (Dilatation)	9-10-32

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Geo. L. Wisong M. D.
(Address) 4000 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 82767 ✓ E 82767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1105 S. Bonsal St. (St) (Ward) 26-37

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Kraft

(a) RESIDENCE NO. 1105 S. Bonsal St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/10/32

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm. Kraft

11 BIRTHPLACE OF FATHER (city or town) Balt. (State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Rollins

13 BIRTHPLACE OF MOTHER (city or town) Dorchester (State or country) Mass.

14 Informant Wm Kraft (Address) 1105 S. Bonsal St

15 Filed 9-11, 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/32

17
I HEREBY CERTIFY, That I attended deceased from 9/10/32, 19, to 9/10/32, 19

that I last saw h or alive on 9/10/32, 19

and that death occurred, on the date stated above, at 4.30P m.

The CAUSE OF DEATH* was as follows:

Asphyxia pallida

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Anita MD M. D.

9/10/32 (Address) 2214 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cemetery — DATE OF BURIAL 9/14/32, 19

20 UNDERTAKER Chas. S. Graue & Son — ADDRESS 115 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

M. D. B. 1268-9

E 82768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82768

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Park Av St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Leiphna (or Leiphna)

(a) Residence: No. 1205 Park Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Solomon J Leiphna

6. DATE OF BIRTH (month, day, year) Aug 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Virginia Suffolk Co

FATHER

13. NAME George Bailey

14. BIRTHPLACE (city or town) (State or country) Va Suffolk Co

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Va Suffolk Co

17. INFORMANT Solomon J. Leiphna
(Address) 1205 Park Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 9/12/1932

19. UNDERTAKER Wm. Geo. E. Pollard
(Address) 1616 Druid Hill Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1932 to Sept 9 1932

I last saw her alive on Sept 8 1932 Death is said to have occurred on the date stated above, at 1235 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1925
Other contributory causes of importance:	
Acidosis & Pneumonia	Sept 3 1932

Name of operation ..... Date of .....

What test confirmed diagnosis Glycosuria there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sigurd A. Bondesk, M. D.

(Address) 2221 E Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

M. D. R. 1268-9

82769

HEALTH DEPARTMENT—CITY OF BALTIMORE

82769

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 Lindenave St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Duke

(a) Residence: No. 867 Lindenave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Columbia

6. DATE OF BIRTH (month, day, year) Jan 16-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1/10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Columbia Duke

(Address) 867 Lindenave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/12/32

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1632 Division Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 . 1932 to Sept 7 . 1932

I last saw h[illegible] alive on Sept 7 . 1932. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac	9/3/32
Chronic nephritis	7/1/32
Other contributory causes of importance:	
Chronic Myocarditis	1932
Arteriosclerosis	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 3013 W Pratt

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82770 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82770

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Druid Hill Ave. 14-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Barnes

(a) Residence: No. 1630 Dr Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Aug 8 - 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Howard Dale

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna White

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Wright
(Address) 1630 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 9/13/32

19. UNDERTAKER Mrs. Leo. C. Keller
(Address) 1681 Druid Hill Ave

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 - 1932 to Sept 11 - 1932

I last saw her alive on Sept 10 1932 Death is said to have occurred on the date stated above, at 6 - A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	One yr
Other contributory causes of importance: Bronchial asthma	7 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Chas. J Keller M. D.

(Address) 222 W Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82771 Coroner Potter 508 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82771

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. 4th Ward)

Registered No. 22433

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Mae Floyd

(a) Residence: No. 616 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. A. Floyd

6. DATE OF BIRTH (month, day, year) Oct 12 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Langrall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Gleason

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas A. Floyd
(Address) 616 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 15 1932

19. UNDERTAKER Wm Bott & Son
(Address) 1217 E. Fayette St

20. FILED Sept 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumococcic Meningitis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Spinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. W. Miller Coroner, M. D.

(Address) 1085 Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82772

E 82772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 8 - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? Life ds.

2. FULL NAME George Saul Doniket

(a) Residence: No. 1209 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. If Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Julia Etta

6. DATE OF BIRTH (month, day, year) March 27 1872

7. AGE Years 60 Months 5 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John T. McCubbin

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME James Saul Doniket

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nellie Dyson

16. BIRTHPLACE (city or town) (State or country) Omaha Neb

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 9/13/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to Sept 10 1932

I last saw him alive on Sept 10 1932 and that death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows: Tuberculosis of Spine

Date of onset 1930

Other contributory causes of importance: Tuberculosis ? Pulmonary ? Pleuritis, Bronchial 3 days Pneumonia,

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1249-9

B 82773 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82773

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Covington St. (Ward) 24th

Length of residence in city or town where death occurred yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Iva Idella Eaves

(a) Residence: No. 1725 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) Feb. 28, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William E. Eaves

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hazel F. Munford.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William E. Eaves.
(Address) 1725 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 13. 1932

19. UNDERTAKER C. Howard Eaves
(Address) 3 E Fayette

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9. 1932 to Sept. 11. 1932

I last saw HER alive on Sept. 10. 1932. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	9/9/32
Other contributory causes of importance: Exhaustion	9/10/32

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. E. Campbell M. D.

9/12/32 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82774

CERTIFICATE OF DEATH

129

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Harris

(a) Residence: No. 831 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Harris

14. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

MOTHER

15. MAIDEN NAME Esther Hill

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Charles Harris
(Address) 831 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lehmer Date Sept 1, 1932

19. UNDERTAKER Mrs. Mc Hendrix
(Address) 1120 E Madison St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 1/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.50 A.M.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis

Cellulitis thigh and genitalia

Date of onset

Other contributory causes of importance:

Name of operation Date of yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. Green M. D.
Coroner

(Address) 508 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82775

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 William St. 21-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph P Thuman.

(a) Residence: No. 1501 William St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna A Thuman

6. DATE OF BIRTH (month, day, year) Dec 18 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letterpress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Phillip Thuman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C Germershausen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna A. Thuman

(Address) 1501 William St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 9-13 1932

19. UNDERTAKER E & B Hafer

(Address) 115 E West St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24 1931 to Sept 9 1932

last saw h... alive on Sept 9 1932 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.
Other contributory causes of importance:	
Hemiplegia	1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C W Wheatley M. D.

(Address) 1559 William St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82776

CERTIFICATE OF DEATH

Registered No. 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Patapsco St. 7575 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 11 mos. 28 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME John. N. Schmidt.

(a) Residence: No. 614 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 21, 97

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
34	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frank J. Schmidt.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Margaret Linsenmayer

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Margaret Schmidt.
(Address) 614 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 9-14. 1932

19. UNDERTAKER E. & B. Hafer
(Address) 115 E. West St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11th. 1932

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from August 13th. 1932 to Sept 11th. 1932

I last saw him alive on Sept 11th. 1932. Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute parenchymatous nephritis (following auto intoxication	8/12/32
Other contributory causes of importance: Uraemia	10 days

Name of operation None Date of ...

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Kleibel M.D.

9/12/32 (Address) 1224-26 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 82777

1-30—M. & T.—100 B—50L

E 82777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

2575

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST. (or) WARD

2-FULL NAME Charles E. Vetters.

(a) RESIDENCE NO 3720 S. Sixth St. Brooklyn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary A. Vetters.

6 DATE OF BIRTH (month, day, and year) May 18, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Packer.

(b) General nature of industry, business, or establishment in which employed (or employer) R. R. Roberts.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Vetters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Carney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary A. Vetters. (wife)

(Address) 3720 S. Sixth St. Brooklyn.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 10, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Hemorrhage into right lateral Ventricle and 4th Ventricle.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3rd. of Bells st. Sept. 10, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Walter Einhardt, M. D. Coroner

9/12/32 19 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill. DATE OF BURIAL 9-13 1932

20 UNDERTAKER Bernard C. Hale ADDRESS 1000 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82778 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82778

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 3-4

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Feble

(a) Residence: No. 42 S. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lilly Feble

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Porto Rica

FATHER

13. NAME Manuel Feble

14. BIRTHPLACE (city or town) (State or country) Porto Rica

MOTHER

15. MAIDEN NAME Cecelia Alvelo

16. BIRTHPLACE (city or town) (State or country) Porto Rica

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Emt. Date 9-13 1932

19. UNDERTAKER Byron Manuel Knight
(Address) 1218 McElderry St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1932 to Sept. 10 1932

I last saw him alive on Sept. 10 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Multiple lung abscess	9/2/32
2. rt. upper & entire	about
3. suicidal Sub. (Staphylococcus).	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest A. Stone, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E-82778 1/2

E-82778 1/2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1-001

1. PLACE OF DEATH UNIV. HOSP.

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BETTIE HAWKINS

(a) Residence: No. PHATA MD. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME 037

10. Date deceased last worked at this occupation (month and year) 7-10-32

11. Total time (years) spent in this occupation 40 YRS

12. BIRTHPLACE (city or town) (State or country) MD.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Newport Date Sept. 13 1932

19. UNDERTAKER J.T. Brown
(Address) Pomonkey, Md

20. FILED SEP 12 1932 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-10-32 to 9-11 . 1932

I last saw HER alive on 9-11 . 1932 Death is said to have occurred on the date stated above, at 4:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SEPSIS	
Other contributory causes of importance:	
OSTEOMYELITIS	
TYPHOID FEVER	

Name of operation NONE Date of ...

What test confirmed diagnosis? ... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify NO

(Signed) R. RICHARD LOUFT, M. D.

(Address) UNIV. HOSP.

INSTRUCTIONS—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. Information should be carefully supplied.

M. D. B. 1268-9

E 82779

E 82779 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-10 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Ruppert

(a) Residence: No. 631 N. Belnord ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Ruppert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Polster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 9/15 19 32

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 26 19 32 to Sept. 12 19 32
I last saw h im alive on Sept. 12 19 32 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Visser, M. D.

(Address) City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 82780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82780

CERTIFICATE OF DEATH

82-001

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 2nd St 27-43 Ward

CITY OF BALTIMORE: (No. Baltimore) ....

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry O Galt

(a) Residence: No. 3018 White Ave ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Galt

6. DATE OF BIRTH (month, day, year) March 6 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Easton, Md

FATHER

13. NAME William O ....

14. BIRTHPLACE (city or town) (State or country) Easton, Md

MOTHER

15. MAIDEN NAME Mary B Jenkins

16. BIRTHPLACE (city or town) (State or country) Easton, Maryland

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date 9/13 19 3

19. UNDERTAKER Phillip Fleming & Co
(Address) 2016 Orleans St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11 19 3

22. I HEREBY CERTIFY, That I attended deceased from 8-23 19 3 to 9-11 19 3

I last saw him alive on 9-11 19 3 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum, right	8-22-3
Other contributory causes of importance: Recurrent hemorrhage into cerebrum, left	9-11-3

Name of operation (0) Date of (0)

What test confirmed diagnosis? Clin. Col Was there an autopsy? (0)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (0) If so, specify

9-12-32 (Signed) Elmer Hitch M.D. M. D.

(Address) Balto City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS should ... and should be stated EXACTLY.

M. D. B. 1268-9

E 82781

E 82781 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1942 002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-17 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Eagers Sr.,

(a) Residence: No. 1304 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Mary Eagers

6. DATE OF BIRTH (month, day, year) Oct 7/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Christopher Eagers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie -------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Eagers, Jr.
(Address) 1304 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 9/13 1932

19. UNDERTAKER Philip Herwig
(Address) 3016 Orleans St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia- Shock	

Other contributory causes of importance:

Fracture of both legs

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? ..... Date of injury Sep 8/32 19....
Where did injury occur? Near Preston & Patterson Pk A
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury A limb that was been cut fro
Nature of injury tree struck him

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
(Address) 1086 Penna Ave Coroner

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82782 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82782

V92-001

CERTIFICATE OF DEATH

Registered No. 27-53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5607 Roland Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S. If of foreign birth 47 yrs. — mos. — ds.

2. FULL NAME Philip George Cromwell

(a) Residence: No. 5607 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Hebb Cromwell

6. DATE OF BIRTH (month, day, year) May 26 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Lonaconing Maryland

FATHER

13. NAME Richard Cromwell

14. BIRTHPLACE (city or town) (State or country) Scotland Maryland

MOTHER

15. MAIDEN NAME Sallie Lloyd

16. BIRTHPLACE (city or town) (State or country) Scotland Maryland

17. INFORMANT Mrs. Ernest Haynie Son-in-law
(Address) Govanstown Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey Manor Date Sept 30 1932

19. UNDERTAKER Hooper Funeral Home
(Address) 1401 Eutaw Place

20. FILED Oct 1 1932 E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28 1932 to Sept 9 1932

I last saw him alive on Sept 9 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	

Other contributory causes of importance: Vascular disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Cromwell M. D.

(Address) Reisterstown, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 82783 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82783

CERTIFICATE OF DEATH

92-001

Registered No. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5013 Walther Avenue St., 27-44 Ward)

Length of residence in city or town where death occurred 1 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Doell

(a) Residence: No. 5013 Walther Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of William Doell

6. DATE OF BIRTH (month, day, year) Nov. 16, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam Wagner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Doell
(Address) 5013 Walther Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 9/13/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1932 to 9/10 1932

I last saw h[illegible] alive on 9/10 1932. Death is said to have occurred on the date stated above, at 12:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	

Other contributory causes of importance:

Cardiac Decompensation

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 5703 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 8[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE B 82784

CERTIFICATE OF DEATH

131 V

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3915 Edmondson Ave (Ward) 20-71

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie McGeoch

(a) Residence: No. 3915 Edmondson Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Harry M. McGeoch

6. DATE OF BIRTH (month, day, year) Apr 2nd 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
72	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank N. McGeoch

(Address) 3409 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 9/13/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sometime in 1924 to Sept 11 1932

I last saw h[illegible] alive on Sept 10 1932 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Chronic Interstitial Nephritis — Hypertension — Senility

Date of onset: ?

Other contributory causes of importance:

Cardiac Dilatation

Date of onset: 10-11-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George L. Wissig M. D.

(Address) 4000 Edmondson Ave

1-30—M. & T.—10[illegible]—50L

E 82785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-001

E 82785

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., ... WARD) 7-12

2-FULL NAME Hattie A. Hrabak.

(a) RESIDENCE NO 2120 Ashland Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (of) HUSBAND [illegible] WIFE OF Joseph Hrabak.

6 DATE OF BIRTH (month, day, and year) October 17, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia.

PARENTS

10 NAME OF FATHER Philip Schimick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Andrew Hrabak. (son)
(Address) Glen Burnie Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

9/13/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 9/14/1932

20 UNDERTAKER Wm Cook 1217

ADDRESS St Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE D. 82786

CERTIFICATE OF DEATH

82786

Registered No. 51 V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 N Hilton St. 20-79 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Thomas Pumphrey Benson

(a) Residence: No. 2 N Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lillian M. Benson

6. DATE OF BIRTH (month, day, year): Jany 17 187[illegible]

7. AGE: Years 59 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 654

12. BIRTHPLACE (city or town) (State or country): A H Co

FATHER

13. NAME: David B Benson

14. BIRTHPLACE (city or town) (State or country): A H Co Miss

MOTHER

15. MAIDEN NAME: Sarah Pumphrey

16. BIRTHPLACE (city or town) (State or country): A H Co Md

17. INFORMANT: Mrs Benson
(Address) 2 N Hilton

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony M E Ch Date Sept 14 193[illegible]

19. UNDERTAKER: Upton Pearce & Son
(Address) North Penna

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Sept 11 1932

I last saw him alive on Sept. 11 1932. Death is said to have occurred on the date stated above, at 1230 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyper nephroma Metastasis to bones ecchymoses	June 31
Other contributory causes of importance:	
Cysto-Pyelitis	Aug 32

Name of operation none Date of —

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or ~~injury~~ in any way related to occupation of deceased? No If so, specify

(Signed) John S. Rice M. D.

(Address) 122 - 25 [illegible]

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 82787 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82787.

CERTIFICATE OF DEATH

Registered No. 92-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Lynchester St. 15-62 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Schulte

(a) Residence: No. 3402 Lynchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred W. Schulte

6. DATE OF BIRTH (month, day, year) June 5, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Baer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Chas. J. A. Schulte

(Address) 3402 Lynchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 14, 32

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North Ave.

20. FILED Sept 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 to Sept 12, 1932

I last saw her alive on Sept 12, 1932. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm A Stamps M. D.

(Address) 1901 Griffis Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82788

82788

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 818 Park Ave St., 11-24 Ward.

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. James Clifton Lumpkin

(a) Residence: No. 818 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lumpkin

6. DATE OF BIRTH (month, day, year) June 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 054

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Roane Lumpkin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fanny Catherine Palmer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Anna Lumpkin
(Address) 818 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Sept 14 1932

19. UNDERTAKER Chas. S. Tuttle Sons
(Address) North & Pa Aves.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1932 to Sept. 12 1932

I last saw him alive on Sept 12 1932 Death is said to have occurred on the date stated above, at 5.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	9-10 32
Hypertension	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Robert C Blake M. D.

(Address) 719 Med Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82789

CERTIFICATE OF DEATH

X V 53 E 82789

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred 15 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Durham

(a) Residence: No. Linthicum Heights, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Betty Durham

6. DATE OF BIRTH (month, day, year) December 15, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records.
(Address) Lombard & Greene.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cem. Date Sept. 14 1932

19. UNDERTAKER Wm. J. Tierney & Son
(Address) North & Fa Ave.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd 1932 to Sept. 12th 1932

I last saw him alive on Sept. 12th 1932 Death is said to have occurred on the date stated above, at 7:40 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	9-3-32
Intestinal obstruction	9-3-32

Other contributory causes of importance:

Auricular Fibrillation	9-10-3

Name of operation Removal of Mass Enterocentelostomy Date of 9-3-32

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mildred H. Spreeher M. D.

(Address) Univ. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

SEP 14 1932

M. D. B. 1268-9

82790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82790

CERTIFICATE OF DEATH

V94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5301 Beaufort Ave. Ward 16-63

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Euler (Sarah Elizabeth Euler)

(a) Residence: No. 1430 Poplar Grove St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Euler

6. DATE OF BIRTH (month, day, year) Sept. 11, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ? Fontz

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Higdon

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Margaret Spennkouch (Address) 1430 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Sept. 15, 1932

19. UNDERTAKER Wm. J. Tuckner & Sons (Address) North & Pa. Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8 1932 to Sept 12 1932

I last saw her alive on Sept 10 1932 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 year

Other contributory causes of importance:

Arteriosclerosis	5 yrs
Valvular heart disease	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas J Keller M. D.

(Address) 222 W. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82791

CERTIFICATE OF DEATH

Registered No. 145-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 25-12 (Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Knopp

(a) Residence: No. 1952 Gorsuch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced (HUSBAND) (or) WIFE of: Paul Knopp
6. DATE OF BIRTH (month, day, year): Oct 25, 1907
7. AGE: Years 24 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): July 1932
11. Total time (years) spent in this occupation: 3 0 37

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER
13. NAME: Louise Schneeweiss
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
15. MAIDEN NAME: Hennie Elliott
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park. Date: Sept. 14th 1932

19. UNDERTAKER: Charles J. Schwab
(Address): 505 Fremont St.

20. FILED SEP 1 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 1932 to Sept. 11 1932
Last saw her alive on Sept 11 1932 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mis Carriage	July 21, 1932
Other contributory causes of importance:	
Cerebral Sepsis	7/25/32
Peritonitis	7/26/32
Pyelonephritis	7/31/32
Pneumonia Secondary	

Name of operation: None Date of: None

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Wm. Bruce Lalaurie M. D.
(Address) Bolte City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 82792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82792

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Chapel St. St., 7 Ward)

Length of residence in city or town where death occurred About 60yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Steidle

(a) Residence: No. 517 N. Chapel St. St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Justina Steidle

6. DATE OF BIRTH (month, day, year) May 22 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grave-Digger. 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Holy Redeemer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Andrew Steidle

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anastascia ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Justina Steidle (Wife)
(Address) 517 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date Sept 14. 1932

19. UNDERTAKER Lilly + Zeiler Inc.
(Address) 403 S. Belnord St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30p.m.

The principal cause of death and related causes of importance were as follows:

Probably Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... Coroner. M. D.
(Address) 508 E Monument

A&Co. 5-31 250B

E 82793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82793

CERTIFICATE OF DEATH

1149-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lauritta O'Hara

(a) Residence: No. 902 S. Ellwood St., / Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. O'Hara.

6. DATE OF BIRTH (month, day, year) Feb. 12 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Over

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine O. Brien

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT John J. O'Hara
(Address) 902 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept. 14 1932

19. UNDERTAKER Lilly & Zeile Inc.
(Address) 403 S. Wolfe St.

20. FILED SEP 13 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from September 7 1932 to Sept 11. 1932
I last saw her alive on Sept 11 1932 death is said to have occurred on the date stated above, at 2 39/9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	9/10/32
Other contributory causes of importance: Pre-Eclamptic Toxemia	9/7/32

Name of operation Cesarean Section - Sterilization Date of 9/10/32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Archie Robert Cohen, M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82794

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Chapel St. St., 12 Ward) Life.

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Andrew Wallace

(a) Residence: No. 511 S. Chapel St. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 5 1892.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Wallace

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Georgina Pazy.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mr. Ahles.

(Address) 511 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Sept. 14 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 423 S. Wolfe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/6/30 . 19.... to Sept 11 32 . 19....

I last saw h[illegible] alive on Sept 11/32 . 19.... Death is said to have occurred on the date stated above, at 12:30p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82795 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82795

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1807 Ward)

Registered No. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Sample

(a) Residence: No. 14 N Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	~~Widowed~~ Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
99	99			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Elizabeth Jones

(Address) 14 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 13. 1932

19. UNDERTAKER Mrs Ida B. Snowden

(Address) 722 E Madison St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure (Shock)	

Other contributory causes of importance:

Accidental Fracture R. Femur	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Sept 6 . 1932

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury Fell on Floor

Nature of injury Fract of R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H Myerson MD M. D.

Coroner

(Address) 1305 Mallison St

OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-26 E 82796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82796

119

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Spicer

(a) RESIDENCE NO. 108 N. Schroeder St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) July 5, 1932

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
2 mos.	0	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) .
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (
(State or country)

14 Informant Lydia Spicer
(Address) 108 N. Schroeder St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932
9 — 12

17 I HEREBY CERTIFY, That I attended deceased from 9 — 9, 1932 to 9 — 12, 1932

that I last saw him alive on 9 — 12, 1932

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Prematurity
Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) George McDonnell M. D.

9-12 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Sept 13 1932

20 UNDERTAKER Mrs Katie R. Williams ADDRESS 322 Schroeder St

SEP 13 1932

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82797.

CERTIFICATE OF DEATH

E 82797.

1. PLACE OF DEATH — Pronounced dead at West Balto. General Hospital

CITY OF BALTIMORE: (No.) St., Ward)

Registered No. 15158

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Isaac Bernstein

(a) Residence: No. 2906 Violet Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Eve Bernstein

6. DATE OF BIRTH (month, day, year) — 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Russia

FATHER

13. NAME — Isreal Bernstein

14. BIRTHPLACE (city or town) (State or country) — Russia

MOTHER

15. MAIDEN NAME — Ethel Silverman

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — Eva Bernstein

(Address) — 2906 Violet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place — Beth Israel Date — Sept 13. 35

19. UNDERTAKER — I. Fenner Bu

(Address) — 1114 E Baltimore St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Sep 12/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Strangulation- Hung himself to joist in cellar of residence

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Weis Coroner M. D.

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82798

Kraft

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82798

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 25-32

CITY OF BALTIMORE: (No. ... St. ... Ward) St. Agnes

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ella L. Kraft

(a) Residence: No. Ridge Ave. Valley Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter A Kraft

6. DATE OF BIRTH (month, day, year) June 16, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Elkton Maryland

FATHER

13. NAME Malvern Jones

14. BIRTHPLACE (city or town) (State or country) Elkton Maryland

MOTHER

15. MAIDEN NAME Margaret Rebecca George

16. BIRTHPLACE (city or town) (State or country) Elkton Maryland

17. INFORMANT Walter A Kraft
(Address) Valley Lane Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Park Cem. Date Sept 14 1932

19. UNDERTAKER Geo. R. Cook & Co.
(Address) 100 N. Baltimore St

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-3-32, 19 ... to 9-11-32, 19 ...

I last saw h alive on 9-11, 19 32 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycythemia vera	
Influenza	9-20-32
Lobular Infant Bronchial Pneumonia	9-6-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) N. Alfred Van Arnam, M. D.

(Address) St. Agnes Hos

M. D. B. 1268-9

2799

HEALTH DEPARTMENT—CITY OF BALTIMORE D 82799

CERTIFICATE OF DEATH

Registered No. V167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Brookfield ave St., 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Simon H. Weitzman

(a) Residence: No. 2239 Brookfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Weitzman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Weitzman Soldotex Co woolen cloths

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Elizabeth Rubenstein (Address) 2007 Linden ave

18. BURIAL, CREMATION, OR REMOVAL Date 9/13/32 19

Place Sutherland Cemetery

19. UNDERTAKER Jos. Levi & Son Inc

(Address) 1512 E. Baltimore St.

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Thrombosis Heart
Illness

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. Morgan Coroner, M. D.

(Address) 2632 Rolland

M. D. B. 1268-9

E 82800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82800

CERTIFICATE OF DEATH

147

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1354 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Bertha M. Kaplan

(a) Residence: No. 2320 Callow Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hyman L. Kaplan

6. DATE OF BIRTH (month, day, year) April 20 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Theodore Meyerowitz
14. BIRTHPLACE (city or town) Russia (State or country)

MOTHER

15. MAIDEN NAME Ida Levin
16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Andrew Fleming Rest Date 9/13 1932

19. UNDERTAKER Jack Levin Inc.
(Address) 1430 E. Baltimore St.

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1932 to 9/12 1932

I last saw h[illegible] alive on 9/12 1932 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Arteriosclerosis of coronaries	

Name of operation Pelvic examination Date of 9/12 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

82801 M.D.P. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82801

CERTIFICATE OF DEATH

V 22-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Ward) 18-26

Length of residence in city or town where death occurred 45 mos. ds. How long in U. S. If of foreign birth 76 yrs. mos. ds.

2. FULL NAME Eli Madanick

(a) Residence: No. 1089 N. Fayett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bluma Madanick

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris Madanick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Shore (Address) 3112 Oakfield ave

18. BURIAL, CREMATION, OR REMOVAL. Place Washington Rd Date 9/14/32, 19

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1932 to 9/11, 1932

I last saw h/A alive on 9/11, 1932. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Ileus	9/7/32
	Now
Other contributory causes of importance: Chr. Myocarditis Bronchopneumonia	9/10/32

Name of operation Vasectomy Date of 9/6/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Cohen, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Coroner Cromwell 203 Patapsco Ave. Curtis 0746

82802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82802

V 82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Collins Ave St. 20-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caleb E. Metcalf

(a) Residence: No. 302 Collins Ave St., Ward. Irvington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Nov 20th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picture Frame factory

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. W. Metcalf

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary A. Fishpaw

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Grace G. Fager

(Address) 302 Collins Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 15 1932

19. UNDERTAKER Wm. H. Poe & Son

(Address) 1217 St Paul St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12th 1932

22. I HEREBY CERTIFY, That I ~~last attended deceased from~~ saw deceased on Sept 12, 1932 and after viewing the body I found that deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset Suddenly

Other contributory causes of importance:

Name of operation None Date of ——

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ?

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Guy A. Cromwell M. D. Coroner

9/13/32 Address 203 Patapsco Ave. Balto Md

82803 OB

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82803

V 46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Barclay St. St. 11-15 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary G. Meade

(a) Residence: No. 1114 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 '79

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Michael Meade
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Honora Ward
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Meade
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/15 1932

19. UNDERTAKER Rita Mudfield
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Sept 12, 1932
I last saw h[illegible] alive on Sept 12 1932 death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cancerum	1931

Other contributory causes of importance:

Name of operation Exploration Date of
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Hardesty, M. D.
(Address) 4810 Belair Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82804

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-6 Ward)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Liedlich

(a) Residence: No. 2245 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A. (nee Wagner)

6. DATE OF BIRTH (month, day, year) Nov. 4th. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blue Line Transfer B & O R. R.

10. Date deceased last worked at this occupation (month and year) Sept. 10 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George A. Liedlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elanor L. Schaeffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Laura A. Liedlich
(Address) 2245 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept 15 1932

19. UNDERTAKER Geo. L. Beyer & Son
(Address) 1512 Pulton St.

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 (10 AM) 1932 to Sept. 10 1932

I last saw him alive on Sept. 10 1932 Death is said to have occurred on the date stated above, at 12 mid.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice Lewis Clinton M. D.

(Address) 1005 E. Chase St.

1-50—M. & T.—100 B—50L

E 82805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82805

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N. Arlington ST. WARD 16)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Foster

(a) RESIDENCE NO 1112 Born Court ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Marie Foster

6 DATE OF BIRTH (month, day, and year) Sept. 4, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	0	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work General-automobile mechanic, waiter etc
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Gloucester Co.
(State or country) Virginia

PARENTS

10 NAME OF FATHER John Foster

11 BIRTHPLACE OF FATHER (city or town) Gloucester Co.
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Missouri Kent

13 BIRTHPLACE OF MOTHER (city or town) Gloucester Co.
(State or country) Virginia

14 Informant Missouri Foster

(Address) 1112 Born Court

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Suddenly

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy R. Cromwell M. D. Coroner

9/12 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 9-13 1932

20 UNDERTAKER Charles G. Cooper — ADDRESS 514 N Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 82806 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82806

CERTIFICATE OF DEATH

23V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. ..... St., 11-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jack W. Tolliver

(a) Residence: No. 1209 McCulloh st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 86

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Ashland
(State or country) Virginia

FATHER

13. NAME Peachy Tolliver

14. BIRTHPLACE (city or town) .....
(State or country) Virginia

MOTHER

15. MAIDEN NAME Hahahi Banks

16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 13 1932

19. UNDERTAKER Peter Williams & Sons
(Address) 1515 W. Eldorado St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to Sept. 10 1932

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute exudative tuberculosis with cavitation of right lung	
2. Tuberculosis of left kidney	
3. Died of pulmonary hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Rose M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

E 82807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82807

V53

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. agnes Hospital

CITY OF BALTIMORE: (No.) St., 70-77 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs Louisa Appleby

(a) Residence: No. 1804 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) Oct 15, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
66	67	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hartman Prentzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Williams Appleby

(Address) 1804 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 14, 1932

19. UNDERTAKER George J Smith

(Address) 1542 Collins Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1932 to 9-12, 1932

I last saw her alive on 9-12, 1932 Death is said to have occurred on the date stated above, at 8.40 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left leg with metastasis — Date of onset 1929

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert T Oliver, M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82808

CERTIFICATE OF DEATH

71-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 E. Biddle Street St. 10-14 Ward)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Hempel

(a) Residence: No. 1213 E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) June 7, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John F. Hempel

14. BIRTHPLACE (city or town) Colnhausen, Germany
(State or country)

MOTHER

15. MAIDEN NAME Crescentia Raiber

16. BIRTHPLACE (city or town) Altheim, Germany
(State or country)

17. INFORMANT Otto C. Hempel (brother)

(Address) 1225 N. Eden Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept. 14, 1932

19. UNDERTAKER Stewart & Mowen Company

(Address) 10[illegible] E. Monument [illegible]

20. FILED Sept 16 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 2nd, 1932 to September 12th, 1932

I last saw h[illegible] alive on Sept. 12th, 1932. Death is said to have occurred on the date stated above, at 11.[illegible] M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Jan. 2nd, 1932
Other contributory causes of importance: Acute Cardiac Dilatation	Sept. 12th, 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frederick Hempel M. D.

(Address) 3310 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82809 Ringgold ✓ E 82809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 Penna. Ave St. 15-68 Ward)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Henry Ringhold

(a) Residence: No. 2325 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Gunther Ringhold

6. DATE OF BIRTH (month, day, year) July 29/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Ringhold

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena Ringhold (Address) 2325 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 9/15/32

19. UNDERTAKER Henry Wilhelm Son (Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 12/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Cain M. D.

(Address) 508 E Fayette Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82810 5 ✓ E 82810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82810 2647 119

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin Ruth

(a) Residence: No. 302 Lehigh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-3-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Martin Ruth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Dill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 17, 1932

19. UNDERTAKER Wendler & Siegel
(Address) 200 S Eden St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932, to Sept 12, 1932
I last saw him alive on Sept 12, 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	9-4-32
Other contributory causes of importance: Circulatory Collapse	9-10-32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Bickford M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 82811

E 82811

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 24 Augusta Ave (Ward) 20-21

2-FULL NAME Mary Elizabeth Speer

(a) RESIDENCE NO. 24 Augusta Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Speer

6 DATE OF BIRTH (month, day, and year) Apr 29-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Marcus Stengle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Kiarick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Florence Miller
(Address) 7816 White Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17-1932

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to Sept 12, 1932, that I last saw her alive on Sept 11, 1932, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) Ernest Spencer Jr. M. D.

19 32 (Address) Frederick-Augusta ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Sept 14 19 32

20 UNDERTAKER M. Joseph Lefler — ADDRESS 1600 N Howard

IMPORTANT: See instructions on back of certificate.

M. D. H. 1268-9

E 82812 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82812

CERTIFICATE OF DEATH

8-1682-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Port St. 8 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles G. Beck

(a) Residence No. 1605 N Port St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Beck

6. DATE OF BIRTH (month, day, year) Jan 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Beck

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. George A Bal

(Address) 2231 Pleasant St

18. BURIAL, CREMATION, OR REMOVAL.

Place Druid Park Date Sept 14, 1932

19. UNDERTAKER William G. Schaffer

(Address) 1516 Monument St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1932 to Sept 10, 1932

I last saw h alive on Sept 10, 1932 Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Sept 10
Other contributory causes of importance: Arteriosclerosis	—

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Horner, M. D.

(Address) 1301 N Patterson

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2500

E 82813 HEALTH DEPARTMENT—CITY OF BALTIMORE 01 E 82813

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Fawcett Town 19th Ward)

Registered No. 82-

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis C. Holland

(a) Residence: No. 1206 Fawcett Town St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Holland

6. DATE OF BIRTH (month, day, year) Oct. 16-1869 Sept. 12-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 9-28

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Bruce Sec. Co Tex

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Randolph Holland

(Address) 1206 Fawcett Town

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Cem Date Sept 16 19 32

19. UNDERTAKER Edmund T. Wensley

(Address) 3500 Biddle St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th 32 to Sept 12th 1932

I last saw him alive on Sept 12 1932 death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-1-32
Other contributory causes of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82814

93-003

E 82814

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1625 E Madison St. 7-13 Ward)

2-FULL NAME Lydia A. Skinner

(a) RESIDENCE NO. 1625 E Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James M Skinner

6 DATE OF BIRTH (month, day, and year) July 28 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 31

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Causey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Caroline Causey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant James A Skinner

(Address) 1625 E Madison

15 Filed ..... 1932 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 23 1932 to Sept 11 1932; that I last saw h. alive on Sept 11 1932; and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W F Sams, M. D.

9/11, 1932 (Address) 1201 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 BURIAL, CREMATION OR REMOVAL Mt Calvary Date of Burial Sept 15 1932

20 UNDERTAKER Samuel B Hensley Dr Biddle ADDRESS 578

very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82815

CERTIFICATE OF DEATH

13 E 82815

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Th Baltimore Gen. Hosp St. ..... Ward) 12-34

Length of residence in city or town where death occurred Unknown mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hampton (Michael Mutz)

(a) Residence: No. 35 W. West St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geneva Hampton

6. DATE OF BIRTH (month, day, year) 9- 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton 10 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gastonia N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Minnie Carter

(Address) Gastonia N.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Gastonia Date 9/13/32 19

19. UNDERTAKER Lawrence Brown Funeral Home

(Address) 578 N. Eutaw St. Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1932 to 9-12 1932

I last saw h(e) alive on 9-12 1932 death is said to have occurred on the date stated above, at 8:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyper Tensive Cardio-Vascular Renal Disease (Etiology Unknown)	
Acute Cardiac Dilatation	9-12-32

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Luther, M. D.

(Address)

AdCo. 5-31 250B

E 82816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82816

CERTIFICATE OF DEATH

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 E. 32nd St., 9-46 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Powell

(a) Residence: No. 1909 E. 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29-871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William L. Powell

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Pauline E. Lowe

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Wm H. Powell

(Address) 1909 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 15 19 32

19. UNDERTAKER Chas. H. Saunderson

(Address) 113 W. Mt. Royal Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to Sept. 12, 1932

I last saw her alive on Sept 11, 1932 death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of Breast (Right)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur J. Davies, M. D.

(Address) 800 W 33rd St.

OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82817

CERTIFICATE OF DEATH

E 82817

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Nottingham Road St. 28-74 Ward)

Length of residence in city or town where death occurred 1 yrs. 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie H.Smith,

(a) Residence: No. 5413 Kingsessing Rd. St., Ward. Phila. Pa

(Usual place of abode) Phila.Pa (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M.Smith,

6. DATE OF BIRTH (month, day, year) Sept.11.1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	--	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary P.E. Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Delaware

FATHER

13. NAME Lewis C.Elzey,

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Emily C.Pollitt,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT W.Paul Elzey.

(Address) 524 Nottingham Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Phila.Penna. Date Sept 14.1932

19. UNDERTAKER Robert S.Little.

(Address)

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 13 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from August 8th, . 19 32 to Sept.13, . 19 32

I last saw h alive on Sept.13th, . 19 32 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lung.	Do not know.

Other contributory causes of importance:

Name of operation. x-ray study. Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin S Leeman M. D.

(Address) 827 - Cathedral St

M. D. H. 1268-9

E 82818 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82818

CERTIFICATE OF DEATH

59

Registered No. 13-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenian Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Fannie Fox

(a) Residence: No. 2226 Ruskin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Fox

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harvey Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ---

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Maurice Fox

(Address) 2226 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL Washington Rd Cemetery 9/13/32 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore st

20. FILED 9/13 1932 19 ORH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 13/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to 19

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Streptococcic Sore Throat (9/10/32)

Diabetes (15 years duration)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Cultures Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner

(Address) [illegible] M. D.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82819 — CERTIFICATE OF DEATH — E 82819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 W Saratoga St. 16-26 (Ward) 159

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Carr

(a) Residence: No. 737 W Saratoga St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 mons.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Asbury Carr

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Mabel Griffin

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md

17. INFORMANT Mabel Griffin

(Address) 737 W Saratoga St Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Sept 13 . 1932

Commissioner Health.

19. UNDERTAKER ... WM E WOOD

(Address) ...

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/11 . 1932 to 9/11 . 1932

I last saw him alive on 9/11 . 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 32 wks	

Other contributory causes of importance:

Maternal Cause

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward A Kemp Lee M. D.

(Address) 1500 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82820 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82820

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) (Ward 21)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William Kidd

(a) Residence: No. 203 W. Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ wife dead; name unknown

6. DATE OF BIRTH (month, day, year) July 4, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Grader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooperage Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Brunswick Co. Virginia

FATHER

13. NAME Asberry Kidd

14. BIRTHPLACE (city or town) (State or country) Brunswick Co Virginia

MOTHER

15. MAIDEN NAME Gertrude Harrison

16. BIRTHPLACE (city or town) (State or country) Brunswick Co Virginia

17. INFORMANT deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Sept 9, 1932

19. UNDERTAKER

(Address)

20. FILED 7208 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932 to Sept 8, 1932

I last saw him alive on Sept 8, 1932 Death is said to have occurred on the date stated above, at 11:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5 wks
Bronchopneumonia	2 days
Other contributory causes of importance:	
Arteriosclerosis - gen	?
Arteriosclerosis of Kidneys	?

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry F Dowling M. D.

(Address) Balto. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82821

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University of Maryland (St.) 22 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar James

(a) Residence: No. 651 W Lombard St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) — unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — unknown

FATHER

13. NAME — unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME — unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Western Police Station

(Address) 1 Block E Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Date . 19

19. UNDERTAKER

(Address)

20. FILED . 7269 apH Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from August . 19 . to . 19

I last saw h alive on August 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures Internal injuries	8/31/32
Other contributory causes of importance: Struck by automobile	8/31/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/31 . 1932

Where did injury occur? Washington Blvd nr tunnel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury struck by auto while

Nature of injury walking on road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Fleming M. D. (Coroner)

(Address) 2305 E Madison St

M. D. H. 1268-9

E 82822 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82822

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Roslyn Ave St., 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Margaret Muth

(a) Residence: No. 2409 Roslyn Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of John L. Muth (deceased)

6. DATE OF BIRTH (month, day, year) May 20, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Rickett

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Margaret Hack

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT M. Joseph Muth

(Address) 2407 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept 14 1932

19. UNDERTAKER Henry W. McAuliffe

(Address) 125 N. Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to Sept 11 1932

I last saw h[illegible] alive on Sept 10 1932 Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance: Coronary occlusion	Sept 10-32

Name of operation — Date of .....

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Stanford McGlone M. D.

(Address) 1609 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82823

CERTIFICATE OF DEATH

E 82823

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., ... Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Holland

(a) Residence: No. 1126 Leadenhall St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hospital
(Address) 1514 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19...

19. UNDERTAKER
(Address)

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19... to ..... 19...
I last saw h... alive on Injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following a comp. fracture of left tibia & fibula.	8/10/32
Other contributory causes of importance: Struck by automobile	8/10/32

Name of operation Wired left tibia & fibula Date of 8/14/32

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/10, 1932
Where did injury occur? Caroline St E of Front St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while
Nature of injury crossing Street.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... Coroner ..... M. D.
(Address) 200 E Lexington St

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82824

CERTIFICATE OF DEATH

135 E 82824

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-11 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Mitchell

(a) Residence: No. 359 N Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	5. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George F. Mitchell

6. DATE OF BIRTH (month, day, year) Nov. 7. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Frederick Hurst

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Emma G. Mitchell
(Address) 359 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9/15/32

19. UNDERTAKER Wm. F. Ford
(Address) 1217 E Fayette St

20. Filed ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1932 to 9-13 1932

I last saw her alive on 9-13- 1932 Death is said to have occurred on the date stated above, at 4 30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset

Other contributory causes of importance:

Operation on 8-13-32

Repair of cysto-vesico + recto-vaginal fistula + perineorrhaphy

Name of operation ... Date of 8-13-32

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: ...

(Signed) R. Richard Swift, M. D.

(Address) Univ. Hosp.

M. D. B. 1265-9

E 82825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82825

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 338 calvert St., Ward) 12

Registered No. 12551

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Elizabeth Mills

(a) Residence: No. 123 West 27th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	22-21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ezekiel Mills

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Linder

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ezekial Mills

(Address) 123 West 27th Street Balto

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/15 19 3

19. UNDERTAKER Wm. Cole & Son

(Address) 1210 E. Pratt St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to Sept 13, 1932.

I last saw her alive on Sept 13 1932. Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	9 12 32
Tuberculous meningitis	9 2 32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Susanne Sterling M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 82826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82826

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 418 N Hanover St. (Hospital) 26-39 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature Birth Twin Baby Fallin and Ellen McFadden

(a) RESIDENCE NO. 418 N Hanover ST., WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): 9/11/34

7 AGE — Years: — Months: 6 mos Days: Premature Birth — If LESS than 1 day 2 hrs or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Walter McFadden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Highland Town Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Walter McFadden

(Address): 418 N Hanover

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/11 1934

17 I HEREBY CERTIFY, That I attended deceased from 9/11, 1934, to 9/11, 1934, that I last saw h alive on 9/11, 1934, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jerry L. Walker, M. D.

9/11, 1934 (Address) 3326 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U of Md College. — DATE OF BURIAL: 9/13 1934

UNDERTAKER: Commissioner of Health. — ADDRESS

Filed 9/12 1934 — 7275

TION is very important. See instructions on back of certificates.

M.D. B. 1268-9

E 82827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82827

CERTIFICATE OF DEATH

122-001

Registered No. 26-39

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Esther Place St. 26 Ward 39

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Heinrich Ruppert

(a) Residence: No. 3610 Esther Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ruppert

6. DATE OF BIRTH (month, day, year) Dec. 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hessen (State or country) Germany

FATHER

13. NAME Conrad Ruppert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Ruppert
(Address) 3610 Esther Place

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept. 15 1932

19. UNDERTAKER Frederick Leonhardt
(Address) 7401 Belair Road

20. FILED ...1932 ...19 C. C. H. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept. 12, 1932
I last saw h... alive on Sept. 12, 19... Death is said to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	9/11/32
Strangulated Hernia	9/11/32

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Refused Operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. H. Meyer M. D.

(Address) 1500 E. 33rd St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82828

CERTIFICATE OF DEATH

E 82828

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 E. Madison St. St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Norris

(a) Residence: No. 2717 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Almira Norris

6. DATE OF BIRTH (month, day, year) March 5, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Enamel. Stamp Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Norris

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Heath

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Almira Norris
(Address) 2717 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept. 16, 1932

19. UNDERTAKER Frederick Lazarus & Son
(Address) 7401 Belair Road

20. FILED ... 19 ... P. A. V. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1932

22. I HEREBY CERTIFY. That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Reported Hypertension)	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82829

CERTIFICATE OF DEATH

E 82829

95-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 morello Road 20-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Sommerman

(a) Residence: No. 5010 Morello Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Sommerman

6. DATE OF BIRTH (month, day, year) Nov. 11, 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Rufus S. Eckert

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Susanna Johns

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Fred. V. Eckert
(Address) 2810 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Pa. Date Sept. 16, 1932

19. UNDERTAKER Mc E. Black
(Address) 927 N. Broadway

20. FILED Sept 13 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to Sept 12, 1932

I last saw h alive on Sept 12 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	3 Yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D.

(Address) 14 E. Preston

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

E 82830 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82830

CERTIFICATE OF DEATH. 118

1-PLACE OF DEATH

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 560 Wilson ST. 14-20 WARD)

2 FULL NAME Ellen Hemphill

(a) RESIDENCE No. 560 Wilson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hemphill

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 49 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eastern Shore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Summerfield Henson (Son)
(Address): 1715 Westwood Ave

15 Filed 1932, 19 Registrar: Huntington Williams, M.D. R. I. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-11-32

17

I HEREBY CERTIFY, That I attended deceased from Aug 9, 1932, to Sept. 9, 1932

that I last saw her alive on Sept 9, 1932

and that death occurred, on the date stated above, at 7:10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary): Gastritis

(duration) — yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. M. Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 9/14/1932

20 UNDERTAKER: Mrs. Lee H. Holland ADDRESS: 1631 Druid Hill

SEP 13 1932

TION is very important. See instructions on back of certificates.

M. D.-B. 1268-9

E 82831 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82831

CERTIFICATE OF DEATH

Registered No. 210

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 16-36 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lida Salmon Beard

(a) Residence: No. 602 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard H. Beard

6. DATE OF BIRTH (month, day, year) March 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupatinn (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Anthony Salmon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Ryan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Ruth Brown

(Address) 3310 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Sept. 14, 32

19. UNDERTAKER John P. Ritchie & Sons

(Address) 1900 Eutaw Place

20. FILED. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1932

22. I HEREBY CERTIFY. That I attended deceased from Injury 19 to 19

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	9/11/32
Intracranial Hemorrhage	

Other contributory causes of importance:

Automobile Accident	9/11/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/11 1932

Where did injury occur? Philadelphia Motor Prods Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto in which she was riding struck a pole

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Joseph P. Kenny M. D.

(Address) 2200 E Madison St

M. D. R. 1268-9

(Green)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82832

CERTIFICATE OF DEATH

35

E 82832

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 15 Ward

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Walter Elgert

(a) Residence: No. 1444 N Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Colored
5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Elgert

6. DATE OF BIRTH (month, day, year): April 24, 1880

7. AGE: Years 57 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Prince George County Virginia

FATHER

13. NAME: Ed Elgert
14. BIRTHPLACE (city or town) (State or country): Prince George County Virginia

MOTHER

15. MAIDEN NAME: Sarah Brooks
16. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

17. INFORMANT: Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Sept 14 1932

19. UNDERTAKER: James A Hayes
(Address): 1142 Wash St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1932 to Sept 11 1932

I last saw him alive on Sept 11 1932, death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture Urethra	?
Uremia, Retention, Cystitis	9/3/32
Uremia, Intoxication	9/4/32
Gangrene of Scrotal Wall	9/5/32
Cystostomy, Suprapubic	9/7/32

Other contributory causes of importance:

Name of operation: Cystostomy, Suprapubic

What test confirmed diagnosis? N.P.H. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. Boyce Selvage M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 82833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82833

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3728 W. Garrison Ave. St. 15-63 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Frank Louis A. Essert

(a) Residence: No. 3728 W. Garrison Ave., St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Essert

6. DATE OF BIRTH (month, day, year) Jan. 9 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	32	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Papers

10. Date deceased last worked at this occupation (month and year) 9/13/32

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis A. Essert

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Wolf

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Mrs. Eva Essert

(Address) 3728 W. Garrison Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 9/15/32 19

19. UNDERTAKER C. Vernon Lemmas

(Address) 4611 Park Heights Ave.,

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from May . 1930 . to Sept. 13 . 1932

I last saw him alive on Sept. 12 . 1932 Death is said to have occurred on the date stated above, at 2. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Arthritis	Mar. 1930

Other contributory causes of importance: Endo Carditis Mar. 1930

Name of operation ..... Date of .....

What test confirmed diagnosis: Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. E. Hoen M. D.

(Address) 5600 York Rd. Balto Md

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec. 1-1921 M&T 1500 Blks.

E 82834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernans Hospital.

CITY OF BALTIMORE: (No.) Hillsdale Rd. ST. 18-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Jones.

(a) RESIDENCE NO. 910 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 24 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	11	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Bernard Lacy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C

12 MAIDEN NAME OF MOTHER Bertha Buchanan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk, Va

14 Informant Hospital Records.

(Address)

15 Filed ....., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27 1932

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 27, 1932,

that I last saw him alive on Aug 27, 1932,

and that death occurred, on the date stated above, at 12.40 p m.

The CAUSE OF DEATH* was as follows:

Post operative shock.-
Cerebral Hemorrage.-
(Traumatic).

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis T.C Nasal Vertebral (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 8/26/32

Was there an autopsy? No

What test confirmed diagnosis? X-ray.

(Signed) O. H. Mortimer Jr., M. D.

, 19 (Address) Kernans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Aug 30 1932

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 82835

E 82835

HEALTH DEPARTMENT—CITY OF BALTIMORE

1084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Bennett Place ST. 18-26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Henry

(a) RESIDENCE NO. 1010 Bennett Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 12, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) — 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Daniel Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha Tinsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Martha Henry
(Address) 1010 Bennett Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10 1932.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1932 to Sept. 10, 1932.

that I last saw her alive on Sept. 10, 1932.

and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. M. Pigott, M. D.

9/13, 1932 (Address) 1536 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 14 1932

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1303 Pressman St

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. IT IS VERY IMPORTANT

E 82836

E 82836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23V

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1847 Kavanaugh St 15-21 WARD)

2-FULL NAME Carlton Prescot

(a) RESIDENCE NO 1847 Kavanaugh ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Prescot

6 DATE OF BIRTH (month, day, and year) Mar 10, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Grover Prescot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Co Md

12 MAIDEN NAME OF MOTHER Helen Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant (Address) Helen Young 1847 Kavanaugh

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11/32

17

I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932, to Sept 10, 1932

that I last saw him alive on Sept 7, 1932

and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

9/12, 1932 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Sept 14 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82837. HEALTH DEPARTMENT—CITY OF BALTIMORE E 82837

CERTIFICATE OF DEATH

1315

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Leadenhall St. 22 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Susie Miles

(a) Residence: No. 810 Leadenhall St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65 66	11	19	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Sadie Harman
(Address) 810 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/14/32

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 N Montgomery St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/3/, 1932 to 9/10/, 1932

I last saw her alive on 9/10/, 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Cardiac Pulmonary Tuberculosis Stasis.	9/3/32
Other contributory causes of importance: Chr. Interstitial Nephritis, Hypertension	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. E. Bishop, M. D.

(Address) 709 Eutaw St

M. D. H. 1268-9

E 82838

E 82838 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 North Bruce St., [illegible] Ward)

Registered No. 1338

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Columbus Boswell

(a) Residence: No. 9 North Bruce St., 19 Ward. 19

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23 — 1909	January	11 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year) Yes 1933 | 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

FATHER

13. NAME Purley Boswell

14. BIRTHPLACE (city or town) (State or country) Norfolk County Virginia

MOTHER

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

17. INFORMANT Mrs Elizabeth Moore

(Address) 9 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date Sept 14, 1932

19. UNDERTAKER Joseph A Lively

(Address) 1022 N. Mount Street

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 16 1932, to Sept 10, 1932

I last saw [illegible] alive on Sept 10 1932. Death is said to have occurred on the date stated above, at 12.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Uremia	Sept 10 1932

Other contributory causes of importance:

Nephritis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 507 N Gilmore Ave

OCCUPATION IS VERY important. SEE INSTRUCTIONS OF BACK OF CERTIFICATE.

Spec. 7-17-26—A Co.—200 Bks.

E 82839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82839

CERTIFICATE OF DEATH

1-PLACE OF DEATH Provident Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. St. 16-26 Ward)

2-FULL NAME Arthur Thomas

(a) RESIDENCE NO. 935 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Thomas

6 DATE OF BIRTH (month, day, and year): October 10. 1889

7 AGE: Years 43 Months 11 Days 1 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): West Indies

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): West Indies

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): West Indies

14 Informant: Bertha Thomas

(Address): 935 Lexington st.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 19 32

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 19 32 to Sept 11 19 32

that I last saw h[illegible] alive on Sept 11 19 32

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Ovarian Cyst in abdomen

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Sept 9, 1932

Was there an autopsy? No

What test confirmed diagnosis? Operation Record

(Signed) B. T. Harris M. D.

9/12 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem Date of Burial: Sept 15. 1932

20 UNDERTAKER: Joseph A. Lively ADDRESS: 409 N Mount St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

FEB 1, 1932

M. D. B. 1265-9

E 82840

E 82840 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23

CITY OF BALTIMORE: (No. ..... St., 2-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Potacki

(a) Residence: No. 2039 Fleet st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 28, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 029

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Trenton
(State or country) New Jersey

FATHER

13. NAME Joseph Potacki

14. BIRTHPLACE (city or town) .....
(State or country) Poland

MOTHER

15. MAIDEN NAME Victoria Striychoirz

16. BIRTHPLACE (city or town) .....
(State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 15 1932

19. UNDERTAKER J. Wozniak
(Address) 1930 E. Eastern Ave.

20. FILED Sept 15 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from August 29 1932 to Sept. 12 1932

I last saw him alive on Sept. 12 1932 Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Kenneth A. Learn M. D.

(Address) City Hosp. City

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

82841

E 82841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S Collington Ave St., 1-3 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

2. FULL NAME Anna Diamond

(a) Residence: No. 23 S Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Diamond

6. DATE OF BIRTH (month, day, year) ?? 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel I. Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Diamond - Son
(Address) 23 S Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cemetery Date 9/14/32

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E Balto St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13th 1932 to Sept 13th 1932

I last saw her alive on Sept 13 1932 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of head of Pancreas	June 1932

Other contributory causes of importance: Exhaustion

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph E Jackson M. D.
(Address) 3708 Garrison Blvd

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

AaCo. 5-11 250E

B 82842 HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82842

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 76-1 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Dexter

(a) Residence: No. 3406 Elliott Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) of Norman Dexter

6. DATE OF BIRTH (month, day, year) Aug. 22-1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 2	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie Decker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Sept 15 1932

19. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St.

20. FILED ... 19 32 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 to Sept 11, 1932

I last saw her alive on Sept 11, 1932 death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	Sept 10
Other contributory causes of importance:	
Post-operative shock	Sept 10

Name of operation Intestinal Resection Date of Sept 10, 1932

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury - ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eldred Roberts, M. D.

(Address) Franklin Square Hospital

By Coroner Reed.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

82843 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82843

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 Franklintown Rd. Ward) 69

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Kirby

(a) Residence: No. 33 Franklintown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feby 27 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Howard S Kirby

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Lola V Haynie

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Howard S Kirby

(Address) 33 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 9-15- 1932

19. UNDERTAKER John J Lowan & Son

(Address) 961 Hollins St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 13, 1932

I last saw h[illegible] alive on Sept 13, 1932 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	9/10/32
Other contributory causes of importance:	
Acute Broncho-Pneumonia.	9/5/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, (specify)

(Signed) Chas Norton, M. D.

9/14/32 (Address) 1515 Bloomfield St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Rees 24 S Broadway Wolf-1438

E 82844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82844

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Homestead St. (or WARD) 9-4-46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Fick

(a) Residence: No. 1521 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~wife (husband)~~ of (or) WIFE of Alexander C. Fick

6. DATE OF BIRTH (month, day, year) Dec 24th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Witzburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alexander C. Fick
(Address) 1521 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Ebenezer Cemetery Date 9/16/1932

19. UNDERTAKER Wm Coats
(Address) 217 St Paul St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4th 1932 to Sept 13th 1932

I last saw her alive on Sept. 12th 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	Sept. 13th
Acute Cardiac Dilatation	Sept 12
Senile Pneumonia	Sept. 11th

Other contributory causes of importance:

Myocardial Degeneration	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Rees, M. D.

(Address) 24 S. Broadway

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-9

82845

HEALTH DEPARTMENT—CITY OF BALTIMORE

82845

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 14-59 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Archie Parrott (Painota)

(a) Residence: No. 2207 Brunt st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louanna Parrott

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Carter Parrott

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lida Fuller

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Sept 15 1932

19. UNDERTAKER Archibald G. Gaglolis

(Address) 1248 E Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from August 24 1932 to Sept. 12 1932

I last saw him alive on Sept. 12 1932 Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	About 8 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stare M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

82846 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82846

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ...) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Tillman

(a) Residence: No. 1605 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Priscilla Tillman

6. DATE OF BIRTH (month, day, year) May 22, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ? 040

12. BIRTHPLACE (city or town) (State or country) New Brunswick N. C.

FATHER

13. NAME Allen Tillman

14. BIRTHPLACE (city or town) (State or country) ? North Carolina

MOTHER

15. MAIDEN NAME Mary Daylor

16. BIRTHPLACE (city or town) (State or country) ? North Carolina

17. INFORMANT deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Middle ... Date Sept 14 ... 19 32

19. UNDERTAKER ... Health.
(Address)

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931 to Sept 11, 1932

I last saw him alive on Sept 11, 1932 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease (syphilitic basis)	?
Aortic Insufficiency	?
Aneurism of Abdominal Aorta	?
Aneurism of Descending Aorta	?

Other contributory causes of importance:

Syphilis - tertiary	21 yrs ago

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry F. Dowling M. D.

(Address) Balto. City Hospitals

5, OCCUPATION is very important. See instructions on back of certificate.

82847

HEALTH DEPARTMENT—CITY OF BALTIMORE

82847

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Maryland St., 22-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Semmels

(a) Residence: No. 400 Caroline St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Vincent Semmels

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Barbara Semmels

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19..

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 19.. [illegible] Registrar.

1932

2980

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11-32

22. I HEREBY CERTIFY, That I attended deceased from 9-7-32 to 9-11-32

I last saw him alive on 9-11-32 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Scrotum	July 4, 1932

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

9-12-32 If so, specify

(Signed) Elmer Hitzberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82848 9 264

CERTIFICATE OF DEATH

+ 53 E 82848

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattye Berkowitz

(a) Residence: No. 1454 Belvedere Ave. St., ... Ward. Jacksonville Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

FATHER

13. NAME Benjamin Berkowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Waldowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Friends

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Florida

Place Jacksonville Date 9/14/32

19. UNDERTAKER Joseph Ahrens & Sons

(Address) Broadway & Fleet Sts., Balto, Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 . 1932 to Sept 13 . 1932

I last saw her alive on Sept 13 . 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant glioma	Jan 1931
Operation	9/9/32
Name of operation Craniotomy	Date of 9/9/32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

Other contributory causes of importance:

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M B Woodhall M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82849

CERTIFICATE OF DEATH

E 82849

Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 4425 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. X ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Samuel Hamm

(a) Residence: No. Hotel Belvedere St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse Campbell Hamm

6. DATE OF BIRTH (month, day, year) June 26 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1 year

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

FATHER

13. NAME Jesse Hamm

14. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Reed

16. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

17. INFORMANT Mrs. Samuel Hamm
(Address) 102 St. Paul St. City

18. BURIAL, CREMATION, OR REMOVAL.
Place Bell Pond Md. Date 9/15 1932

19. UNDERTAKER Henry W. Mears & Son
(Address) 805 N. Calvert St.

20. FILED SEP 32 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1932 to Sept 15 1932

I last saw h... alive on Sept 15 1932. Death is said to have occurred on the date stated above, at 1:12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Metastatic carcinoma	1 yr 3 m
2.	
3.	
4.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Lighthall M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82850 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 807 E 82850

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 E. Biddle St. 11-15 Ward)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Edward Henry Cutler

(a) Residence: No. 422 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Cutler

6. DATE OF BIRTH (month, day, year) Oct 30th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman P.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Light

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 9 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Cutler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Bannigan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Cutley

(Address) 422 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 9/16 19 32

19. UNDERTAKER Henry H. Mears & Son

(Address) 806 N. Calvert St.

20. FILED — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 1 1932, to Sept 13 1932

I last saw him alive on Sept 12 1932. Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 1st 32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. E. Bonsall Poole, M. D.

(Address) 1900 Maryland Ave.

SUGGESTIONS: It is very important that the instructions on back of certificate be carefully observed.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82851

CERTIFICATE OF DEATH

131 E 82851

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 E Lanvale St St., 16-68 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Hall

(a) Residence: No. 2327 E Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E Hall

6. DATE OF BIRTH (month, day, year) April 5 th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Heinold

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Kate Gebelein

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Edward Hall
(Address) 2327 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 15th 1932

19. UNDERTAKER John Wilmot
(Address) 1005 Greenmount Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27 1932 to Sept 12 1932
I last saw h alive on Sept 12 1932 Death is said to have occurred on the date stated above, at 9.24 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	Sept 5
Other contributory causes of importance: Chronic Int- Nephritis	1927
Arter Sclerosis Cardiac	?
Debilitation	

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood & Urine Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alma B Pennaz M. D.

(Address) 718 N Fallsway Ph Am

M. D. B. 1268-9

Jacob Stenger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82852

CERTIFICATE OF DEATH

163

E 82852

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-37 Ward)

Length of residence in city or town where death occurred 7 yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Jacob Stenger

1a) Residence: No. 3912 Mt Pleasant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of Catherine Stenger
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Stenger
(Address) 3912 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date Sept 16, 1932

19. UNDERTAKER John Wagner
(Address) 2006 Eutaw

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenic poisoning (Homicide)	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 3912 Mt Pleasant

Manner of injury Poisoning

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Pleasants M. D.
Coroner

(Address) 1305 Hollins

M. D. B. 1268-9

82853

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82853

CERTIFICATE OF DEATH

~ 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2118 Maryland Ave St., 12-61 Ward

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 81 10 21

2. FULL NAME Jeannette Irwin Malin

(a) Residence: No. 2118 Maryland St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel A. Malin

6. DATE OF BIRTH (month, day, year) Oct 24 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) McEwensville Penna

FATHER

13. NAME Isa Penn Irwin

14. BIRTHPLACE (city or town) (State or country) McEwensville Penna

MOTHER

15. MAIDEN NAME Anna Mears

16. BIRTHPLACE (city or town) (State or country) McEwensville Penna

17. INFORMANT Mrs. Jean L. Malin (daughter)

(Address) 2118 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Media, Pa. Date Sep. 16, 1932

19. UNDERTAKER Howard D. Moore

(Address) 2111 N. Fulton Ave.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept - 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept - 6 1932 to Sept - 13 1932

I last saw h[illegible] alive on Sept - 13 1932. Death is said to have occurred on the date stated above, at 7-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration followed by coma, remaining Comatose until death	Sept 2
Other contributory causes of importance: Cerebral Hemorrhage Facial and Speech Centre involved	May 192

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gwen Porter, M. D.

(Address) 4-822 Roland Ave

E 82854

M. D. File No.

E 82854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Huntingdon Ave 47-51 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delbert F. Byron.

(a) Residence: No. 2911 Huntingdon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Byron.

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence R.I.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Clinton W. Potts

(Address) 2911 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date Sept 16, 1937

19. UNDERTAKER Chas. H. Sloan & Son

(Address) 3615-17 Eastern Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1937 to Sept 12 1937

I last saw him alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	5 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [redacted]

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gump M. D.

(Address) 622 W. Lexington St

M. D. B. 1268-9

E 82855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82855

CERTIFICATE OF DEATH

Registered No. 82

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 702 Deepdeene Rd St., 27-53 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lauretta Pullen Gibbs.

(a) Residence: No. 702 Deepdeene Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martin Gibbs.

6. DATE OF BIRTH (month, day, year) Feb. 14 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lebanon Ohio.

FATHER

13. NAME James Pullen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah McCabe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Claude M. Gibbs
(Address) 702 Deepdeene Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 15 1932

19. UNDERTAKER W. H. Tucker Sons
(Address) Hyatt & Fairview

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept - 7 - 1932 to Sept - 13 1932

I last saw h... alive on Sept - 13 1932 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/7/32

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Tilson Porter M. D.

(Address) 4822 Roland Ave

M. D. B. 1941

E 82856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82856

CERTIFICATE OF DEATH

T-V53

1. PLACE OF DEATH Community Hospital

CITY OF BALTIMORE: (No. ... St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lula Scholz. (Lula Florence Scholz)

(a) Residence: No. Charles St., Catonsville Manor Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Scholz.

6. DATE OF BIRTH (month, day, year) January 13 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Higgs

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Azelia Freeze

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Louis F. Scholz

(Address) Charles Ave., Catonsville Manor

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept. 17, 19 32

19. UNDERTAKER Joseph B. Cook

(Address) 1400 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14-32 19

22. I HEREBY CERTIFY, That I attended deceased from 8-29-32 19 ... to Sept 14, 19 32

I last saw h[illegible] alive on Sept 14, 19 32 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of thyroid gland	2 years.

Other contributory causes of importance:

Myocarditis	24 hrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George N. Yeager M. D.

(Address) University Hospital 9/14/32

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 82857

E 82857 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82857.

CERTIFICATE OF DEATH

137 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Carter (Samuel A. Carter)

(a) Residence: No. 123 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	61	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Shops
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

FATHER

13. NAME George Carter

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John A. Thompson
(Address) 123 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept. 16 19 32

19. UNDERTAKER Joseph H. Cook
(Address) 1307 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to Sept. 14, 1932
I last saw h[illegible] alive on Sept 14 1932 death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	9-3-32
Phlebitis	9-4-32
Chronic Urinery obstruction	Feb. 32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Robert ..., M. D.
(Address) Franklin Square Hospital Balto. Md.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. H. 1268-9

82858

E 82858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-55 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Carr

(a) Residence: No. 3508 Devonshire Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M. Carr

6. DATE OF BIRTH (month, day, year) January 2, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Life Ins. Co.

10. Date deceased last worked at this occupation (month and year) Sept. 2, 1932

11. Total time (years) spent in this occupation 31 yrs.

12. BIRTHPLACE (city or town) (State or country) Laurel Maryland

FATHER

13. NAME Plummer Carr

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Angelina Brashear

16. BIRTHPLACE (city or town) (State or country) Laurel Maryland

17. INFORMANT Mrs. Catherine M. Carr
(Address) 3508 Devonshire Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 17 19 32

19. UNDERTAKER Joseph D. Cook
(Address) 1905 E. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address) 1105 N. Patterson Park Ave.

E 82859 100 B—50L

E 82859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 1675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Patapsco Ave. St. 25-75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Lee Slouck.

(a) RESIDENCE NO 513 Patapsco Ave. Brooklyn St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, widowed or divorced (or) WIFE of Edward Slouck.

6 DATE OF BIRTH (month, day, and year) January 10, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md.

PARENTS

10 NAME OF FATHER Lee Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Laura North.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Edward Slouck. (husband)

(Address) 513 Patapsco Ave. Brooklyn.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the head.

Suicide.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Eismann, M. D. Coroner

9/14/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 9-15 1932

20 UNDERTAKER Ernest Harke — ADDRESS 115 E. West St.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 82860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82860

CERTIFICATE OF DEATH

V 173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Patapsco Ave. Brooklyn St. 25-15 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Spencer.

(a) RESIDENCE NO 3714 S. Fifth St. Brooklyn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 5. 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Bakery.
(c) Name of employer A. Heying.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Spencer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia, Pa

12 MAIDEN NAME OF MOTHER Elizabeth Helmstetter.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Elizabeth Spencer. (mother).
(Address) 3714 S. Fifth St. Brooklyn.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wounds of chest, back and head. Shot by Ada Lee Klouck who afterwards suicided. (Homicide)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto Steinhardt, M. D. Coroner

9/14/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. A A Co. DATE OF BURIAL 9-16 1932

20 UNDERTAKER E. & B. Hardr. ADDRESS 115 E. West St.

TION is very important. See instructions on back of certificate.

82861 E 82861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Jackson St. 24-24 Ward)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Alice Brown

(a) Residence: No. 1608 Jackson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph V Brown

6. DATE OF BIRTH (month, day, year) Dec 16 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 631

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles E Burnes

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Emma M. McCullough

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Joseph V Brown

(Address) 1608 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9-16 1932

19. UNDERTAKER E & J Hails

(Address) 115 E West St

20. FILED ..... 19..... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13th 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2. 28. 19.. to Sept. 13 1932.

I last saw her alive on Sept. 12 1932. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	about Jan 1928
Other contributory causes of importance:	
Cerebral Hemorrhage	Sept. 10 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any wny related to occupation of deceased? no If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

M. D. B. 1268-9

82862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82562

CERTIFICATE OF DEATH

V 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 788 Franklin St. | 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Downs

(a) Residence: No. 788 Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 7 '32.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Lebanon Downs

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Nellie Kelly

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Nellie Kelly
(Address) 788 Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 8-15 1932

19. UNDERTAKER Daniel Eagan's
(Address) 916 E. Fay

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 14

21. DATE OF DEATH (month, day, year) Aug. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1932 to Aug. 14 1932

I last saw her alive on Aug. 13 1932. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	about
Other contributory causes of importance: exhaustion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Wm E. Wagner M. D.

(Address) .....

M. D. B. 1268-9

B 82863

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82863

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Woodbourne St., [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma A. Wilson

(a) Residence: No. 516 Woodbourne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob L. Morris

6. DATE OF BIRTH (month, day, year): Oct 14 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: [illegible] Mcguire

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Emma Morris

(Address): [illegible]

18. BURIAL, CREMATION, OR REMOVAL: Walmerding Funeral Date 9/14/32, 19

19. UNDERTAKER: Tom Costo

(Address): 1217 St Paul St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]

Other contributory causes of importance:

[illegible]	[illegible]

Name of operation: [illegible] Date of: [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify [illegible]

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82864

CERTIFICATE OF DEATH

48 E 82864

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Presbury St. 15-64 Ward)

Length of residence in city or town where death occurred 70 yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgetta E. Wiscott

(a) Residence: No. 2815 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph L. Wiscott

6. DATE OF BIRTH (month, day, year) Sept. 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	27	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lottie Lee Otten
(Address) 2815 Presbury St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 9/16 19 32

19. UNDERTAKER J. McCabe & Son
(Address) 1217 E. Fayette St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 19 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 19 32 to Sept 14 19 32

I last saw her alive on Sept 13. Death is said to have occurred on the date stated above, at 7:26 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	7 yrs
Other contributory causes of importance: Malnutrition	6 mos

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. S. Gibney M. D.

(Address) 622 N. Broadway

M. D. B. 1268-9

E 82865 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82865

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Glenmore St. Sept 27-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A Green

(a) Residence: No. 3417 Glenmore Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): March 19 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Thomas H. Green

(Address) 1823 Register St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/17/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19... Registrar.

SEP 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1932 to 9/14 1932

I last saw h alive on 9/14 1932 Death is said to have occurred on the date stated above at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteno-Tolerosa; Senile Psychosis.	

Other contributory causes of importance:

acute Follicular Tonsilitis.

Name of operation: None Date of

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. W. Bolley M. D.

(Address) 5703 Harford Rd

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82866 E 82866

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 21-72 Registered No. 23

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wilson

(a) Residence: No. 2001 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Wilson

6. DATE OF BIRTH (month, day, year) Oct. 17, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Buffalo New York

FATHER

13. NAME Albert Wilson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Laycock

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9/17 19 32

19. UNDERTAKER J. McCarthy & Son
(Address) 1217 E Fort Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 19 32

22. I HEREBY CERTIFY, That I attended deceased from August 22 19 32 to Sept. 14 19 32

I last saw him alive on Sept. 14 19 32 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stein, M. D.

(Address) Baltimore City Hospitals

OBSERVATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

82867. **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82867.

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-29 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Gatch

(a) Residence: No. 1605 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE ?

6. DATE OF BIRTH (month, day, year) Aug 15, 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leonidus Gatch

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jane White

16. BIRTHPLACE (city or town) (State or country) Easton Talbot, Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept. 15, 1932

19. UNDERTAKER [illegible] & Ford

(Address) 1217 E. Fort Ave

20. FILED ..... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932 to Sept 13, 1932

I last saw him alive on Sept 12, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Heart Disease	?

Other contributory causes of importance:

Bronchopneumonia	9/11/32
Senile Dementia	?
Prostatic Hypertrophy Benign	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henry Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 82868

E 82868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Calhoun St., 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin H. Shaffer

(a) Residence: No. 1501 N. Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Shaffer

6. DATE OF BIRTH (month, day, year) April 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Martin L. Shaffer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Reineman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Christina Shaffer
(Address) 1501 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Sept. 16, 1932

19. UNDERTAKER Percy A. Fisher
(Address) 1915 W. Fayette.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Sept 13, 1932

I last saw him alive on Sept 13, 1932 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Jan 15

Other contributory causes of importance:

Name of operation No Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ...

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 82869

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82869

56

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Bond Street ST. 34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita . Weber

(a) RESIDENCE NO. 522 S. Bond Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) October 1 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	12	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attending School

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Adam . Weber

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary . De Martin

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mary De Martin Mother (Address) 522 S. Bond St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 14 19 32

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 14, 1932, that I last saw h alive on Sept 13, 1932, and that death occurred, on the date stated above, at 420 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

none

CONTRIBUTORY (Secondary) Impetigo Rhumatism (?) (duration) yrs. mos 21 ds. 6 weeks (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

Sept 14 1932 (Address) 1814 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem | DATE OF BURIAL: Sep 17 1932

20 UNDERTAKER: John F. Acker | ADDRESS: 401 S. Chester St

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 82870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82870

264756
Med

CERTIFICATE OF DEATH

X V 93-004

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Malinowski

(a) Residence: No. Odell Ave. Rosedale, 3rd Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE)~~ of Josephine Isaacs

6. DATE OF BIRTH (month, day, year) March 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Malinowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Dembrowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 17 19 32

19. UNDERTAKER John M Weber

(Address) 401 S. Chester St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932 to Sept 14, 1932

I last saw him alive on Sept 14, 1932 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1927
Hypertension	1929
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) ..... M. D.

(Address) ..... Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82871

CERTIFICATE OF DEATH

20-70 V93-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Mt Holly St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Elizabeth Horney,

(a) Residence: No. 511 Mt Holly St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Feb 15 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Horney,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jane Score,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Spphia Horney,
(Address) 511 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL SEP 17 1932
Place Loudon Park Date 19

19. UNDERTAKER Geo W. Little
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/26 19 32 to 9/15 19 32

I last saw h alive on 9/15 19 32 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	?

Other contributory causes of importance:

Arteriosclerosis - Senility	?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. E. Story, J. M. D.

(Address) 1012 Eutaw Pl.

M. D. H. 1268-9

82872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82872

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Myers

(a) Residence: No. Loxley, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Girl	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/6/1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Cammie Williams

14. BIRTHPLACE (city or town) (State or country) Loxley Md

MOTHER

15. MAIDEN NAME Grace Myers

16. BIRTHPLACE (city or town) (State or country) Loxley Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Sept 15 1932

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept-6 1932 to Sept-6 1932

I last saw her alive on Sept 6 1932 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	9/6/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Dickey M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 82875 E 82873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26478 X 46

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Wilson

(a) Residence: No. Hinton W. Va. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Beatrice

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: (?)

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Thompson

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Anna Baddan

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Hinton, W. Va. Date Sept. 17, 1932

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-23, 1932 to Sept 15, 1932

I last saw him alive on Sept 15, 1932 Death is said to have occurred on the date stated above, at 5 02 Am.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Carcinoma of the caecum.	Not
Secondary anaemia.	Known

Other contributory causes of importance:

Tubular Carcinoma	

Resection of caecum.

Name of operation Ileo-colostomy. Date of 9/2/32

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Trimble, M. D.

(Address) Johns Hopkins Hosp.

E 82874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82874

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lusanna Anderson

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Patrick

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Francis Hall

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 16, 1932

19. UNDERTAKER Pita Wickfield
(Address) 1 Penn Square East

20. FILED ....., 19.....
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 19.. to Sept 14, 19..

I last saw h alive on Sept 13, 1932 death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82875

CERTIFICATE OF DEATH

79 E 82875

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-4 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Johnson

(a) Residence: No. 228 S. Bethel St St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... Va (State or country)

FATHER

13. NAME Broadus Johnson

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Francis Johnson

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER ... (Address)

20. FILED 1932 - 12958 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/25, 1932, to 8/31, 1932

I last saw h... alive on 8/31, 1932. Death is said to have occurred on the date stated above, at 7:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	12 days
Other contributory causes of importance: Pneumococcus septicaemia	2

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. S. Gordon, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82876 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82876

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 W Mulberry St. 16-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 2ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Simmons ✱1 twin

(a) Residence: No. 1113 W. Mulberry St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	WBK	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		01	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Albert Simmons

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sedonia Parker

16. BIRTHPLACE (city or town) (State or country) Balto County Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Mt. Date Sept 15, 1932

19. UNDERTAKER Commissioner Health

(Address) FOR THE COMMISSIONER

20. FILED 1932 290 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932 to Sept 14, 1932

I last saw h[illegible] alive on Sept 14, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Premature	
Death	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Lenox Wood

Spec.–7-17-26—A Co.—200 Bks.

E 82877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82877

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Day

(a) RESIDENCE NO. Belvedere St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hosp. Records. (Address)

15 Filed . 19 Registrar

RFA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1932

17 I HEREBY CERTIFY, That I attended deceased from 8-31-32 19 .. to 9-13 .. 1932

that I last saw h[illegible] alive on 9-13 1932

and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows: Dil Diaphragmatic Abcess

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 9/12/32

Was there an autopsy? Yes

What test confirmed diagnosis? Operative

(Signed) B Harris M. D.

9/15 19 32 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stephens City Va. Date of Burial Sept 18 1932

20 UNDERTAKER B. B. Harle ADDRESS 1000 N. Paca St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82878

CERTIFICATE OF DEATH

E 82878

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 W. North Avenue St., 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary J. Shinnick

(a) Residence: No. 2211 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Shinnick Jr.

6. DATE OF BIRTH (month, day, year) Dec. 31, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Parks

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Charles J. Burns
(Address) 2211 W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 9/17 19 32

19. UNDERTAKER Henry U. Mears & Son
(Address) 305 N. Calvert St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932 to Sept 14, 1932

I last saw h-- alive on Sept 14, 1932 Death is said to have occurred on the date stated above, at 4:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage (Peritoneum)	Sept 7,
Arteriosclerosis	1925

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. J. Brosh, M. D.

(Address) 2211 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

82879 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82879

CERTIFICATE OF DEATH

53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. St., 12-51 Ward)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh Osborne

(a) Residence: No. 25 Bedford St. Johnstown, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 11-8-31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnstown Penna,

MOTHER FATHER

13. NAME James Osborne
14. BIRTHPLACE (city or town) (State or country) Penna.
15. MAIDEN NAME Margaret McCloskey
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Sept. 16 1932

19. UNDERTAKER Harry H. Mitzlee
(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14 1932

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1931, to September 14, 1932

I last saw him alive on September 14, 1932 death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, cervical lymph glands left anterior & lateral fossae of skull, brain and meninges	2 yrs.
Other contributory causes of importance:	

Name of operation Excision of left cervical glands Date of 12-7-31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. M. Townsend, M. D.
(Address) U.S. Marine Hospital, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 82880

E 82880

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 E. 25th St. St. 9-46 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Munzner

(a) Residence: No. 1601 E. 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta L. Munzner (nee Koch)

6. DATE OF BIRTH (month, day, year) May 3, 1846.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Munzner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Munzner, Sr.
(Address) 3619 Kimble Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Sept. 17, 19 32

19. UNDERTAKER Frank V. Kurtz
(Address) 101 E. Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Sept 14, 1932
I last saw h[illegible] alive on Sept 14, 1932 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	[illegible]
	[illegible]
	[illegible]

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Fritz J Munzner, M. D.

(Address) 2700 Harford Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82881 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82881

CERTIFICATE OF DEATH

93-004

Registered No. 26-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Belair Road St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam J. Heilman

(a) Residence: No. 4313 Belair Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary C. Heilman

6. DATE OF BIRTH (month, day, year) July 29/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) Sep 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa

FATHER

13. NAME Frederick Heilman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Emmert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary C. Heilman

(Address) 4313 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Cem Date 9/16 19 37

19. UNDERTAKER Leonard J. Koch

(Address) 304 Hupfel Rd

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 13/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset ?

(History given of Dyspnea etc)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Bacon Coroner, M. D.

(Address) 508 E Mt Vernon Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82882

E 82882

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucinda Walker

(a) Residence: No. 2638 Boone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Walker

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Daniel Walker
(Address) 2638 Boone St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9/16 1932

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of Breast	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. Preston Smith M. D. Coroner

(Address) 1303 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 82883 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 82883

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hosp. X 108

CITY OF BALTIMORE: (No. ..... St. 9-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Byron James

(a) Residence: No. 3011 Dundalk Ave St., Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) Dec. 9 - 9[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 69

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bessie Jones

(Address) 1112 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pulaski W. Va Date Sept 17 19[illegible]

19. UNDERTAKER Geo C. Miller

(Address) 2733 E. Biddle St

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 19[illegible] to Sept 15 19[illegible]

I last saw h[illegible] alive on Sept 15 19[illegible] Death is said to have occurred on the date stated above, at 11:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 9.
Empyema	Sept. 12
Multiple abscesses of liver & spleen (metastatic)	

Other contributory causes of importance:

Hypertrophic tonsillitis	Sept 5

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) K. F. Young, M. D.

(Address) St Joseph Hosp

M. D. B. 1268-B

B 82884 2646

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82884

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Johns Hopkins Hospital Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11-25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Tartar

(a) Residence: No. 124½ W. Read St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Wm

6. DATE OF BIRTH (month, day, year) 1843 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph James

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Le Van

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 17 1932

19. UNDERTAKER Samuel J. Stanley

(Address) 578 N. Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932 to Sept 15, 1932

I last saw her alive on Sept 15, 1932 Death is said to have occurred on the date stated above, at ~~2~~ 4 p.m. 2¹⁵ A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myomata uteri operation Sept 7, 1932	Not Known
Other contributory causes of importance: Lobular Pneumonia	Sept 9-32

Name of operation Hysteromyomectomy Date of Sept 7-32

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry B. Neel, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 82885

E 82885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17

27-44

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Catalpha Road ST. WARD

2-FULL NAME Minnie Madisira Bacon

(a) RESIDENCE NO. 5317 Catalpha Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William M. Bacon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Ella C Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Mrs Geo Hill
(Address) 5516 Annapolis Rd Hyattsville Md

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Sept 15, 1932, that I last saw him alive on Sept 15, 1932, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis

(duration) yrs. 2 mos da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 day

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 2

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) G Bowen L Mandofsky, M. D.

9/15, 1932 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Sept 17 1932

20 UNDERTAKER John O Mitchell

ADDRESS 1900 Eutaw Pl

FROM 8 very important. See instructions on back of certificates.

82886 GB

E 82886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Brunt St 44-D Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Gladden

(a) Residence: No. 1717 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes H. Gladden

6. DATE OF BIRTH (month, day, year) May 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Mary's County

FATHER

13. NAME Steven Gladden

14. BIRTHPLACE (city or town) (State or country) St Marys Co

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Agnes Gladden
(Address) 1717 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/16/, 1932

19. UNDERTAKER Mrs Lou G. Bailey
(Address) 1421 Jefferson St

20. FILED ..... 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932 to Sept 13, 1932

I last saw living on Aug 13, 1932 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia Resistants — Date of onset 8/9/32

Other contributory causes of importance:

Acute Pneumonia Resistants
from Intestinal Ulcers — Date of onset 0ct

Name of operation nil Date of nil

What test confirmed diagnosis? Exam Was there an autopsy? not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify nil

(Signed) ..... M. D.

(Address) 420 E. Baltimore

M. D. B. 1268-9

E 82887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82887

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Foster St. 17th Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME George J. Bunzing Sr.

(a) Residence: No. 3116 Foster Lane St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Catherine Bunzing

6. DATE OF BIRTH (month, day, year) April 3rd 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4 5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Working Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George J. Bunzing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katharine Tichlbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Bunzing Son

(Address) 3116 Foster Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Sept. 17th. 1932

19. UNDERTAKER Lilly - Zeiler Inc.

(Address) 1005 N. Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4 1932 to Sept 13 1932

I last saw him alive on Sept 13 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wagner M. D.

(Address) 1045 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82888 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82888

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1-3 Ward)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Lepper.

(a) Residence: No. 212 S. Patterson Pk. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Asst. Cashier.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Union Tel.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Lepper.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Bamberger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jacob Lepper (Brother)
(Address) 212 S. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto.Cemetery. Date Sept.19 1932

19. UNDERTAKER Lilly-Zeiler Co. Inc.
(Address) 403 S. Wolfe St.

20. FILED . 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15th. 1932.

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 2:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	
Accidental Fracture of Left Femur	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury June 7 1932

Where did Injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Fell on leg.

Nature of injury Fractured Thigh

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Peregoy M. D.
Coroner

(Address) 1305 Patterson Park Ave.

M. D. B. 1268-9

Grant ✓

82889 HEALTH DEPARTMENT—CITY OF BALTIMORE 82889

CERTIFICATE OF DEATH

+ 53

1. PLACE OF DEATH — St. Joe Hospital

CITY OF BALTIMORE: (No. 1400 N Caroline St., 9-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary E. Grant

(a) Residence: No. Fallston, Md. St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced (Husband) or (or) WIFE of James Grant

6. DATE OF BIRTH (month, day, year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Fennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Grant (Address) Fallston Md. R.1

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem. Date Sept 19, 1932

19. UNDERTAKER Hornberger & Kroop (Address) Benson Md.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1932 to Sept 15, 1932

I last saw her alive on Sept 15, 1932 Death is said to have occurred on the date stated above, at 11.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	
Toxemia	

Other contributory causes of importance:

Carcinoma of Uterus, Metastasis

Name of operation [redacted] Date of ...

What test confirmed diagnosis? Cystoscopy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) K. F. Flowers M. D.

(Address) St. Joseph Hospital

OCCUPATION IS very important. See instructions on back of certificate.

A&Co. 5-31 250B

82890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82890

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N Chester St. 8-17 Ward)

Length of residence in city or town where death occurred 71 yrs. 5 mos 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johan F Conrad

(a) Residence: No. 1804 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Conrad

6. DATE OF BIRTH (month, day, year) 3-31-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Wire Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Conrad
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Conrad
(Address) 1804 N Chester St

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cemetery Date 9-17- 1932

19. UNDERTAKER Albert L Nick Jr
(Address) 1224 N Chester Street

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to Sept 15, 1932

I last saw h alive on Sept 14 1932 death is said to have occurred on the date stated above, at 5:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 10 32

Other contributory causes of importance:

Mitral Stenosis

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Hoover, M. D.
(Address) 1301 N Pat Pk

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82891

82891 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82891

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 ~~Fulton~~ Lettitia Ave. St. 25-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Edward Dutzke

1a) Residence: No. 1908 Lettia Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emelie Romey

6. DATE OF BIRTH (month, day, year) March 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. skilled laborer of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore (was)

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (city or town) (State or country) not known Germany

MOTHER FATHER

13. NAME Gottlieb Dutzke

14. BIRTHPLACE (city or town) (State or country) not known Germ

MOTHER

15. MAIDEN NAME Agusta Wolf

16. BIRTHPLACE (city or town) (State or country) not known Germany

17. INFORMANT Mrs. Emelie Dutzke

(Address) 1908 Lettia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept 18. 1932

19. UNDERTAKER John C. Miller

(Address) 2235 E. Monument St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932, to Sept 14, 1932

I last saw him alive on Sept 14, 1932 Death is said to have occurred on the date stated above, at 8.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis - Bronchitis - Septicaemia following removal of Carcinoma of Prostate at Johns Hopkins Hospital Jan 23 32	
Other contributory causes of importance: Chronic bronchitis asthmatic	

Name of operation Prostatectomy Date of Jan 23 32

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. M. Wright, M. D.

(Address) 1017 St. Edward Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82892 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

E 82892
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Tobesman

(a) Residence: No. 920 W Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Tobesman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Tobesman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pauline

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 9-16 1932

19. UNDERTAKER Paul Funeral Home
(Address) 1422 E Baltimore St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/31 1932 to 9/15 1932

I last saw her alive on 9/15 1932. Death is said to have occurred on the date stated above, at 11:47 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Ventral Hernia	3 hours
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation Relief of obstruction & Repair of hernia Date of 8/31/32
What test confirmed diagnosis? Clinical & Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Gordon M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Mc Call

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82393

CERTIFICATE OF DEATH

93-E 82393

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 9-46 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lotus McCall

(a) Residence: No. 413 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible] 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible] 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible]
(State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) [illegible]
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 9/17/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... [illegible]
Registrar.

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-12 . 1932 to 9-15 . 1932
I last saw h[illegible] alive on 9-[illegible] . 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Myocardial insufficiency	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clarence Earl Pilgrim M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

Dr. Wilbur Pearce Belmont 9263

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82894

82894

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Walter Gisriel

(a) Residence: No. 8 Wendover Rd St., Guilford Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Sarah Grace Gisriel

6. DATE OF BIRTH (month, day, year) Nov 24th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Work

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Gisriel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Cornelius

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Walter Gisriel Jr

(Address) 1108 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/17/ 1932

19. UNDERTAKER Wm Cook

(Address) 317 E Pratt St

20. FILED SEP 17 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 8th 1932 to Sep 15 1932

I last saw him alive on Sep 15 1932. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset 8/8

Other contributory causes of importance:

Abscessed teeth.

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wilbur M Pearce M. D.

(Address) Eau Court apts.

OCCUPATION IS VERY Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 82895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82895

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Lancaster ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob. Boracki

(a) RESIDENCE NO. 1807 Lancaster ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Boracki

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Boracki

(Address) 1807 Lancaster

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1932 to Sept 15 1932, that I last saw him alive on Sept 15 1932 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Raymond M. D.

9/16 1932 (Address) 801 S. Kenwood

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL N. Catholic Cem.

DATE OF BURIAL 9/17 1932

20 UNDERTAKER (Stephen) Trakowski INC

ADDRESS 1000 S. Kenwood Ave

1-30—M. & T.—100 B—50L

E 82396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

E 82896

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5014 Curtis Ave. ST. 25-77 WARD)

2-FULL NAME Raymon Pan.

(a) RESIDENCE NO 5014 Curtis Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Oiler.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spain.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Extensive burns of whole body.
Lighted cigarette setting fire to bed. Occidental Death.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm. H. Leonard, M. D.
Coroner
9/14/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Public Cemetery — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82897

82897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fort Broadway St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potter's Field Date Sept 15, 1932

19. UNDERTAKER

(Address)

20. FILED ....., 19.... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from —, 19.... to —, 19....

I last saw h— alive on ....., 19.... Death is said to have occurred on the date stated above, at —m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	

Other contributory causes of importance: —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury Sept 13, 1932

Where did injury occur? Foot of Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Drowning

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) [illegible] M. D.
Coroner

(Address) 2057 Eutaw Pl.

82898 S-9

E 82898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave 12-63 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marvin. E. Ensey

(a) Residence: No. 2018 Boyd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 17th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Marion Ensey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Genevee Gapp

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Genevee Ensey

(Address) 2018 Boyd st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Sept 16th 1932

19. UNDERTAKER A. Jones

(Address) 11 S. Gilmor st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1932 to Sept. 14, 1932

I last saw him alive on Sept. 14, 1932 Death is said to have occurred on the date stated above, at 2 30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 9-12-32

Marasmus

Rickets

Other contributory causes of importance:

Prolonged malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. A. Von Ems, M. D.

(Address) St agnes Hoo

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82899 ? **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82899

45

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland St., 5-Y Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Hobbs

(a) Residence: No. 528 N. East Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hobbs

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME Richard Rose

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Sept. 17 1932

19. UNDERTAKER Peter F. Mullinix
(Address) 1510 Pine Eldorado St.

20. FILED ... 19... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1932 to 9-15, 1932

I last saw h[illegible] alive on 9-15, 1932. Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid	9-1-29
Parkinsonism	[illegible]

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9-15-32 (Signed) Elmer H. Belt M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82900

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 n Wolfe St., 9-13 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Maggie Powell.

(a) Residence: No. 1022 n Wolfe St St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. Powell.

6. DATE OF BIRTH (month, day, year) March, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 32

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Geo Powell.

14. BIRTHPLACE (city or town) (State or country) Providence R.I.

MOTHER

15. MAIDEN NAME Mary Rena Connolly

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Alma Powell.

(Address) 1022 n 2 St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Calvary Cem 9-17 1932

19. UNDERTAKER Bayton Mansfield Corp

(Address) 1218 Mc Elderry St

20. FILED ___ 19___ ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15-32 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Sept 15 1932

I last saw h[illegible] alive on Sept 15 1932 Death is said to have occurred on the date stated above, at 3½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute exacerbation	
Chr. Interstitial Nephritis	May 1931
Other contributory causes of importance:	
Pneumonia	

Name of operation None Date of ___

What test confirmed diagnosis? — Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ___, 19___

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Calvin Blake Compton M. D.

(Address) 1 E 3 St Cambridge St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82901 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82901

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Eden St St. 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Norris Elliott

(a) Residence: No. 626 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 2/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tubercular Pneumonia	Aug 27
Other contributory causes of importance: Chr Pulm. Tuberculosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] Coroner M. D.

(Address) 608 E Monument

M. D. B. 1268-9

E 82902 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82902

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emmett B Williams

(a) Residence: No. 771 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Williams

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date Sept 16, 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Injury 9/1, 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Western Police Station

Manner of injury Hung self c belt

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller, M. D.

Coroner

9/5/32 (Address) 2139 Eastern Ave

1-30—M. & T.—100 B—50L

2903

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82903

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. ..... WARD

2-FULL NAME Eldridge Brown

(a) RESIDENCE NO 858 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant None

(Address)

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 3-4 ds.

CONTRIBUTORY (Secondary) General Arterio Sclerosis (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Guy W. Cromwell M. D. Coroner

9/14 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Undertaker Health

ADDRESS

1-30—M. & T.—100 B—50L

E 82904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82904

CERTIFICATE OF DEATH

× 93-023

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-72 WARD)

2-FULL NAME William J. Cole

(a) RESIDENCE NO. 3805 Coolidge Ave. ST. Violetville WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Zenobie W. Cole

6 DATE OF BIRTH (month, day, and year) April 23rd, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	73	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co. Virginia

PARENTS

10 NAME OF FATHER Wm. H. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Harriet Thonly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Zenobie W. Cole

(Address) 3805 Coolidge Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. unknown mos. da.

& General arterio-sclerosis

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy R. Cromwell M. D. Coroner

(Address) 703 Calhoun Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Sept 17 1932

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 82905 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82905

CERTIFICATE OF DEATH

127

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 130 E. Hilton ST. 20-10 WARD) John Nicholas Schroepfor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John N. Schroepfor

(a) RESIDENCE NO. 130 E. Hilton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht.	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Schroepfer

6 DATE OF BIRTH (month, day, and year) Oct 4 63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Crossing

(c) Name of employer Penna. R.R.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Christopher Schroepfer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs Mary Deal

(Address) 130 E. Hilton St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15/32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1932, to Oct. 15, 1932, that I last saw him alive on Oct. 14, 1932 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Jaundice

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Old age & failing strength

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. A. Smith M. D.

Oct 15 1932 (Address) 1605 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL Oct 17 1932

20 UNDERTAKER Harold B. Cook ADDRESS 1003 W. Balto St

M. D. R. 1268-9

E 82906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82906 Ped. 129

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital St. 27-55 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland Gerben (Roland S. Gerben, Jr.)

(a) Residence: No. 5319 Pk. Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5/24/24

7. AGE — Years: 8 | Months: 5 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. above

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Roland S. Gerben

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Violet M. Butterick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL,
Place Woodlawn Cemetery Date Sept. 19, 1932

19. UNDERTAKER Joseph H. Cook
(Address) 1003 N. Baltimore St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-5-1932 to 9-15-1932

I last saw him alive on 9-15-1932 Death is said to have occurred on the date stated above, at 5 42 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	9-12-32
Streptococcus Pneumonia	9-13-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Aeron Roos, M. D.

(Address) J. H. H.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82907

CERTIFICATE OF DEATH

160-032 E 82907

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. MARY ANA GENERAL HOSPITAL St., 15-60 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hood

(a) Residence: No. 2121 Dukeland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-15-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Walter Francis Hood

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eva Belle Brown

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 9/16 19..

19. UNDERTAKER

(Address)

20. FILED ... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15-32 (2:25 P.M.) 19.. to 9-15-32 (2:10 P.M.) 19..

I last saw him alive on 9-15 1932. Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Asphyxia	
Prematurity	34 weeks
	Over
Other contributory causes of importance: Placenta Previa	Aug 32

Name of operation Cesarean Section Date of 9-15-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) D. E. Thomas M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82908 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82908

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 Years mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John De Carolis

(a) Residence: No. 304 Fagley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Rossi

6. DATE OF BIRTH (month, day, year) Dec. 17, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	2927	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penn. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pio De Carolis

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Margaret De Carolis
(Address) 304 Fagley Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept. 17, 19 32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Brain due to Pistol Shot Homicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Sept 14, 1932
Where did injury occur? 3610 Clarewont (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Pistol Shot
Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.
(Address) [illegible]

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

82909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M
210 E 82909

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 16 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis L. Lippie
(a) Residence: No. 602 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Emma Salmon Lippie

6. DATE OF BIRTH (month, day, year) Aug 4 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt Production
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Lippie
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Akers
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rev Margaret Elgin
(Address) 1623 1-10 St. Miami Fla

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 17. 1932

19. UNDERTAKER John O Mitchell & Son
(Address) 1401 Eutaw Place

20. FILED Sept 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19
that I saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured L F ribs. Broncho Pneumonia	9/11/32
Automobile Accident	9/11/32

Other contributory causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/11, 1932
Where did injury occur? Pikesville Md Baltimore Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public accident
Manner of injury Auto in which he was
Nature of injury fracturing trunks & ribs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Lowry, M. D.
Coroner
(Address) 2200 E Madison St

M. D. B. 1268-9

E 82910 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82910

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH ~~Removed dead~~ Registered No.

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred S. Watson

(a) Residence: No. 1116 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Margaret Watson

6. DATE OF BIRTH (month, day, year) Nov 10th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Watson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Graham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs S. W. Mitzell
(Address) 410 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 9/17 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Read St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Revolver wound of head. Suicide.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/15 1932

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zeller, M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82911

CERTIFICATE OF DEATH

23 E 82911

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E. Preston St. 10-14 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbert S. Cooley

(a) Residence: No. 711 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Isabelle Cooley

6. DATE OF BIRTH (month, day, year) Dec 7th 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tree Trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry L. Cooley

14. BIRTHPLACE (city or town) (State or country) Winchester Va

MOTHER

15. MAIDEN NAME Mary V. Colbourne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Isabelle Cooley

(Address) 711 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9/19/ 1932

19. UNDERTAKER Wm Rost

(Address) 1217 E. Pase St.

20. FILED OCT 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 1929 to Sept. 15 1932

I last saw him alive on Sept. 15 1932 Death is said to have occurred on the date stated above, at 8:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	About April 1929
Other contributory causes of importance:	
Dropsy from Heart	Aug 1932

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin B. Fenby M. D.

(Address) 1222 N. Caroline St.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82912

E 82912

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Ashburton St. 15-68 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Merton C. Young

(a) Residence: No. 1737 Ashburton St., Ward Sacramento, Calif.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Sept 20th 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ore

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David C. Young

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Annie Merton

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Annie M. Young
(Address) 1737 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 9/17, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1932 E.P.K. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932 to Sept. 15, 1932

I last saw him alive on Sept. 15, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sect. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. Stevens Lloyd M. D.

(Address) 104 W. Madison St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82913

CERTIFICATE OF DEATH

B 82913

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-21 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Adams

(a) Residence: No. 2009 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Adams

6. DATE OF BIRTH (month, day, year) Sept 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 098

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Cumberland

FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline E. Morrisey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, [redacted], [redacted]
Place Holy Redeemer Cem. Date Sept 20, 1932

19. UNDERTAKER J. W. Maurice Routson
(Address) 2238 N. Northern Parkway

20. FILED Sept 21, 1932, 19 H. P. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1932 to 9/16, 1932

I last saw him alive on 9/16, 1932. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-vascular disease c cardiac decompensation	7 years?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gerstman, M. D.

(Address) Mercy Hospital

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

82914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 23 E 82914

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) Unknown

Length of residence in city or town where died yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 4-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. (Herbert) de L'Arbe

(a) Residence: No. Phoenix, Balt Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1896

7. AGE: 36 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Jos. de L'Arbe

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Louisa Schnurger

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Emil de L'Arbe

(Address) Phoenix. Balto. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL: Cremation, London Park Sept. 17 1936

19. UNDERTAKER: Harry H. Reitzke

(Address) 4101 Edmondson Ave.

20. FILED , 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1936 to 9-15, 1936

I last saw him alive on 9-15, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberculosis	approx. 10-1-31

Other contributory causes of importance:

Intermittent Hemorrhages

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan Jones Abrams M. D.

(Address) Univ. Hosp.

Cor.—1-12-23—M&T—100 Bks.

E 82915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82915

CERTIFICATE OF DEATH.

REGISTERED NO. 210

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST., 1-1 WARD)

2-FULL NAME Roland E. Lisham

(a) RESIDENCE NO 3126 E. Dillon St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 8th 1921.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — School Pupil
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER James T. Lisham

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Rose Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant (Address) James T. Lisham 3126 E. Dillon St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull 9/12/32
Intracranial hemorrhage
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Fell off of moving automobile
(duration) yrs. mos. 2 ds.

(Signed) Joseph Pokorny, M. D.
(Coroner.)
192 (Address) 320 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death 10 yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Fell off moving truck at Oldham & Porter Sts

Former or usual residence 3126 E Dillon St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Sept 17, 1932

20 UNDERTAKER John A. Moran ADDRESS 3800 E. Balto St

Filed Sept 17 1932 Huntington Williams Registrar
N. P. N.

M. D. B. 1268-9

E 82916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82916

CERTIFICATE OF DEATH

Registered No. 27-48 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St.) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian England Hackney

(a) Residence: No. 728 Woodbourne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of J. Walter Hackney

6. DATE OF BIRTH (month, day, year) July-9-1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County, Md.

FATHER

13. NAME James England

14. BIRTHPLACE (city or town) (State or country) Harford County Md

MOTHER

15. MAIDEN NAME Hannah Holland

16. BIRTHPLACE (city or town) (State or country) Harford County Md

17. INFORMANT Mrs R. England

(Address) Hyattsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Sept 17 1932

19. UNDERTAKER Wm. Mickel Sons

(Address) Hyatt & Pennsylvania Ave

20. FILED 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to September 16 1932

I last saw her alive on September 16, 1932. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of Lungs — Date of onset

Secondary Anemia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) John M. Hawes, M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

82917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 82917

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. 92-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray Hill

(a) Residence: No. 550 W. Conway st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Hill

6. DATE OF BIRTH (month, day, year) Jan. 25, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Kinston North Carolina

FATHER

13. NAME Alec Hill

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Charity ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL.
Place Kinston N.C. Date Sept 20. 1932

19. UNDERTAKER Joseph A. Seyler
(Address) 409 N. Fremont St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from August 29 1932 to Sept. 16 1932
I last saw him alive on Sept. 16 1932 Death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stare, M. D.

(Address) Baltimore City Hospitals

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82918 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82918

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 S. Highland Ave. St., 76-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Kappel

(a) Residence: No. 1203 S. Highland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
DUSBAND of (or) WIFE of Phillip Kappel

6. DATE OF BIRTH (month, day, year) May 1 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Conrad Kappel
(Address) 1203 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept 18 1932

19. UNDERTAKER George H. Zirkler
(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932 to Sept 14 1932

I last saw h[illegible] alive on Sept 14 1932. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Other contributory causes of importance:	
Cerebral Hemorrhage	24 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

9/15/32 (Signed) [illegible] M. D.
(Address) 314 S. Highland Ave

M. D. H. 1268-9

E 82919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 82919

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hillen Road Arlington Ave. St., 27-44 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Gorden

(a) Residence: No. Hillen Road Arlington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jerry Gorden

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Josephine Young

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jerry Gorden
(Address) 202 Hillen Road

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hop. Date 9-18 1932

19. UNDERTAKER Byrd & Mamie Wright
(Address) 1218 Eutaw St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Sept 15 1932

I last saw h. alive on Sept 15 1932 Death is said to have occurred on the date stated above, 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hepatitis	Aug 25
Subacute myocarditis	30

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Leo S. Allen M. D.
(Address) 850 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82920

CERTIFICATE OF DEATH

E 82920

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) En route to University Hospital (Street) (Ward)

Registered No. 901

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Grant (Also known as Martha Robinson)

(a) Residence: No. 1223 Bayard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Grant

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Bernard Jamison

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Chambers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Rigby

(Address) 301-42 St. N.E. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date Sept 16, 1932

19. UNDERTAKER Walter B. Sawyer

(Address) 139 W. Hamburg St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

(Other contributory causes of importance:)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene Feller, M. D. Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

E 82921

E 82921 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-00m

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1568 Carswell St., 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? Life ... mos. ... ds.

2. FULL NAME Julia A. McGinn

(a) Residence: No. 1568 Carswell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Thomas McGinn

6. DATE OF BIRTH (month, day, year) Not stated

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	86	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Thomas Hagard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. P. J. Smith

(Address) 1568 Carswell St

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Cemy Date Sept. 19, 1932

19. UNDERTAKER Henry Hoen Sons Inc

(Address) 1301 E Eager St

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 16, 1932

I last saw her alive on Sept 16, 1932. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	9/12

Other contributory causes of importance:

Chronic Heart Disease
Bronchial Asthma

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) T. J. Kinsey, M. D.

(Address) 2700 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

E 82922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82922

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Tait Ave. St., 26 Ward)

Length of residence in city or town where death occurred LIFE. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Russell Dorsey.

(a) Residence: No. 3908 Tait ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Russell Dorsey.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Lollinger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Russell Dorsey Father

(Address) 3908 Tait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 19th 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1932 to 19.....

I last saw h alive on Sept. 16 1932. Death is said to have occurred on the date stated above, at 9.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	9/11/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Monument St.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 82923

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 82923

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Penrose Ave ST. 70-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H. Schwalenberg

(a) RESIDENCE NO 1809 Penrose Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen Schwalenberg

6 DATE OF BIRTH (month, day, and year) Oct. 29th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Boiler-maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frank E. Schwalenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hertel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Helen Schwalenberg

(Address) 1809 Penrose Ave

15 Filed Sept 19, 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

9/17, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cathedral Cem	Sept 19, 1932
20 UNDERTAKER	ADDRESS
George A Farley	Fulton Ave

FROM A very important See instructions on back of certificates.

E 82924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 10 E 82924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hospital St., 9-45 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Jones

(a) Residence: No. Whiteford, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 2, 1926

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
6	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whiteford Md

FATHER

13. NAME Bryan Jones

14. BIRTHPLACE (city or town) (State or country) Whiteford Md

MOTHER

15. MAIDEN NAME Dora Catherine Jones

16. BIRTHPLACE (city or town) (State or country) Whiteford Md

17. INFORMANT C. Garfield Jones
(Address) Whiteford, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cordell Md Date Sept 17 1932

19. UNDERTAKER Hubert P. Harkins
(Address) Delta, Pa.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1932, to 9/17, 1932

I last saw him alive on 9/17, 1932 death is said to have occurred on the date stated above, at 9½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial and Laryngeal Diphtheria	9/10/32

Other contributory causes of importance:

Diphtheritic Myocarditis	9/15/32

Name of operation None Date of

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranchuk M. D.

(Address) Lyden Ham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938

E 82925

Anne O. Stuart

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82925

CERTIFICATE OF DEATH

108 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. Ward 30

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Anne O. Stuart

(a) Residence: No. 215 Mosher St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	9	24 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

FATHER

13. NAME William Stuart

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Susan Herot

16. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

17. INFORMANT M. D. Hecht

(Address) Union Mem Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place. Greenmount Date Sept 19 1932

19. UNDERTAKER Henry J. Jenkins Sons

(Address) Cor Lind & Mrs Calhoun Sts

20. FILED ... 19... H K Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932, to Sept 16 1932

I last saw her alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 4:26 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 12.
Other contributory causes of importance:	
Arteriosclerosis	unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) M. D. Hecht M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82926

82926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Division St. 14-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Duvall

(a) Residence: No. 2311 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Duvall

6. DATE OF BIRTH (month, day, year) — — 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Duvall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary M. A. Davis

(Address) 2311 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date 9/19, 1932

19. UNDERTAKER Payne Sanders

(Address) 1413 E. Preston St

20. FILED ..., 19... H. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1932 to Sept 15, 1932

I last saw ~~him~~ alive on Sept 15, 1932 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 11/17/32

Duration of ...

Other contributory causes of importance:

Dr. James Rush

Name of operation None Date of ...

What test confirmed diagnosis? Clinical ... an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Hill, M. D.

(Address) 924 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 82927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82927

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General St. 3744 (Ward) 207

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Walton

(a) Residence: No. 3311 Rosekemp Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marguarite Walton

6. DATE OF BIRTH (month, day, year): Jan 14/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Arundel Sand Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Alexander S. Walton

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary Sherwood

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Marguarite Walton

(Address): 3311 Rosekemp Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem Date: Sept 17th 1922

19. UNDERTAKER: George Spilling & Sons

(Address): 1126 E. Monument St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep 15/22 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Depressed Facture of skull rt vault and occiput
Probably also Base

Date of onset

Other contributory causes of importance:

Struck by locomotive on Penna R'R nr Calverton Road.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sep 15/3

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner . M. D.

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 82928

E 82928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 715 Aisquith St. 10-1st WARD)

2 FULL NAME Raffaela Lorenzo also known as Annie Lorenzo

(a) RESIDENCE NO. 715 Aisquith ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos ds How Long in U. S., if of foreign birth? yrs. mos. ds

Sept 4 1932 d. 4 Hamilton m.D.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Nicola Lorenzo
(Address) 715 Aisquith St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16, 1932.

17

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, to Sept 16, 1932

that I last saw h[illegible] alive on Sept 16, 1932

and that death occurred, on the date stated above, at 9 30 P. m

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ch myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. S. Hornstein M. D.

9/17 1932 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Sept 19 1932

20 UNDERTAKER G. A. Schilling & Sons ADDRESS Monument Aisquith

How to be very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82929

E 82929 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 34

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., 76-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ella Stock

(a) Residence: No. 3704 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Godfred Stock

6. DATE OF BIRTH (month, day, year) Jan 31 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chas. F. Chandlee

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Margaret Powers

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Godfred Stock

(Address) 3704 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 19, 1932

19. UNDERTAKER Philip Herwig

(Address) 206 Orleans St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to Sept 14, 1932

I last saw her alive on Sept 14, 1932 Death is said to have occurred on the date stated above, at 9:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
Cardiac Insufficiency	4 mos
Chronic Myocarditis	
Other contributory causes of importance:	
Diabetes Mellitus	4 mos
Syphilis	?

Name of operation Amputation of Left Leg Date of Aug 22, 1932

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82930

CERTIFICATE OF DEATH

V/30

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E Lagan St., 7-13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amos W. Waldman

(a) Residence: No. 1818 E. Lagan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence E. Waldman

6. DATE OF BIRTH (month, day, year) May 15/1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Amos Waldman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Laura Logue

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence E. Waldman
(Address) 1818 E. Lagan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Sept 19. 1932

19. UNDERTAKER Philip Flury
(Address) 2016 Fleetwood Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14. 1932 to Sept 16 1932

I last saw him alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	3 days
Other contributory causes of importance:	
Uraemic Coma	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Emma E. Cook M. D.

(Address) 413 N. Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82931

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W. Fairmount Ave. Ward) 1927

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Schlining

(a) Residence: No. 1926 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary L. Schlining

6. DATE OF BIRTH (month, day, year) May 12th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagon Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Master Auto Works

10. Date deceased last worked at this occupation (month and year) 1/2

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME John Schlining

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Rauche

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary L. Schlining

(Address) 1926 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/19/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED ..... 19..... .....
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1929 to Sept 16 1932

I last saw him alive on Sept 16, 1932 Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	about 10 years
Chronic myocarditis with cardiac hypertrophy.	
Other contributory causes of importance:	
Chronic interstitial nephritis.	about 1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ..If so, specify .....

(Signed) P. W. Michel M. D.

(Address) 2901 Edmondson Ave

M. D. B. 1268-8

E 82932 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82932

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E. North Ave Ward 9-14)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Louis Evans

(a) Residence: No. 1110 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~(or WIFE of)~~ Martha Meg Evans

6. DATE OF BIRTH (month, day, year) Jan 4th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain of Marine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John W. Evans

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary C. Dix

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Martha J. Evans
(Address) 1110 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/19/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 Park St

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Sept 16 1932

I last saw h[illegible] alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Mayhew M. D.

(Address) 2102 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

82933

HEALTH DEPARTMENT—CITY OF BALTIMORE 82933

CERTIFICATE OF DEATH

81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Rustenton Rd 15-21 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Abel

(a) Residence: No. 2404 Rustenton Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	~	~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Nathan Abel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jessie Kunvet

(Address) 2404 Rustenton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave Date Sept 18, 1932

19. UNDERTAKER S Lerman Bro

(Address) 1122 E Baltimore St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1932 to 9/18, 1932

I last saw him alive on 9/18, 1932 Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

Progressive Muscular atrophy — Date of onset 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I Isenberg, M. D.

(Address) 2320 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 82934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82934

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Dowling (Sister Madeline)

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME James C. Dowling

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Cemetery Date Sept 19/32 19

19. UNDERTAKER Ulman & Maynard Company
(Address) 18 W. North Avenue

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Sept 16, 1932
I last saw her alive on Sept 15 1932 death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Cardiac Hypertrophy	
Other contributory causes of importance:	
Cardiac Insufficiency	6 weeks

Name of operation ..... Date of .....

What test confirmed diagnosis? Dy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 82935

Spec. 130 3/4 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82935

82-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2029 Pa. ave. 4-30 Ward)

2-FULL NAME Elick Cook

(a) RESIDENCE NO. 2029 Pa. ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Cook

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Wes Md Grain Co

(c) Name of employer

9 BIRTHPLACE (city or town) Charlestown

(State or country) W Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mary Cunningham

(Address) 2029 Pa ave

15 Filed_____, 19_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16th 1932

17 I HEREBY CERTIFY, That I attended deceased from 8-1, 1932, to 9-16, 1932

that I last saw h[illegible] alive on 9-16-32, 19_____,

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Sclerosis

(duration) _____ yrs. 4 mos. _____ ds.

18 Where was disease contracted

If not at place of death? unk

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Ernest [illegible] M. D.

, 19 (Address) 2029 Pa ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Sept 19 1932

Raymond Cemetery

20 UNDERTAKER ADDRESS

Thomas E Wade 900 N Carey

Very important. See instructions on back of certificates.

E 82936 500 Blks.

E 82936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE. (No.) 1053 Fairmount Ave ST. 14-26 WARD)

2-FULL NAME Nellie M Toy Reed

(a) RESIDENCE NO. 1053 Fairmount Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem'l
4 COLOR OR RACE Colored
5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of 0

6 DATE OF BIRTH (month, day, and year) June 30 1908

7 AGE 24 Years | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) General housework
(c) Name of employer Several

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Jessie Reed
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Mary Toy
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Harry Toy
(Address) 1053 W. Fairmount Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932, to Sept 16, 1932,
that I last saw her alive on Sept 15, 1932,
and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Myocardial degeneration
Auricular fibrillation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. L. Stewart M. D.
, 19 (Address) 701 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery
DATE OF BURIAL Sept. 19, 1932
20 UNDERTAKER Mrs. Katie R. Williams
ADDRESS 322 N. Schroeder St.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

B 82937 ✓ E 82937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W. Mulberry St. 18-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Hill

(a) Residence: No. 806 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Blk	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Lloyd Wingston Hill

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Frances Jones

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Frances Hill

(Address) 806 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Sept 19, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932 to Sept 15, 1932

I last saw h.S.B. alive on Sept 15, 1932 Death is said to have occurred on the date stated above, at ~~1:23 A~~m 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
30 wks.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82938 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82938

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert F. Neubauer

(a) Residence: No. 23 So Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coach Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nicholas Neubauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Gradel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr John F Neubauer

(Address) 6602 Forsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/19/1932

19. UNDERTAKER John F Conway & Son

(Address) 901 Wallace St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17/1932

22. I HEREBY CERTIFY, That I attended deceased from 8/31/32, 19..., to 9/17/32, 19...

I last saw h.i.m alive on 9/17/32, 19... Death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	?
Other contributory causes of importance: Cardiac Failure	9/16/32

Name of operation Colostomy Date of 9/2/32

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Evan S. Uhler M. D.

(Address) University Hospital

M. D. F. 1268

E 82939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82939

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hosp

CITY OF BALTIMORE: (No. ..... St., 9-46 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Traynor

(a) Residence: No. 2650 Robb St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6/12/1921

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
11	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Harry J. Traynor

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Rose McMahon

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Harry J. Traynor
(Address) 2650 Robb St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/21/32, 19

19. UNDERTAKER Geo. J. Duffy & Son
(Address) 1201 Hanover St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to Sept 17, 1932
I last saw h.e alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
a. Chronic Parenchymatous Nephritis	?
b. Sero-Fibrinous Pericarditis	?
c. Endocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) K. F. Traynor M. D.

(Address) St. Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82940

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82940

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 E. Madison Street 7-17 Ward)

Length of residence in city or town where death occurred 25 Years yrs. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antonio De Dominicis

(a) Residence: No. 2621 E. Madison Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Appugliese

6. DATE OF BIRTH (month, day, year) June 18, 1874.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ateleta Italy

FATHER

13. NAME Francisco De Dominicis

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Teodora Mannella

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Emilia De Dominicis
(Address) 2621 E. Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Sept. 19, 19[illegible]

19. UNDERTAKER Chas. J. Rush Inc
(Address) 1735 Harford Ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1932 to 9-15 1932

I last saw h alive on 9-6 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Had use of radium at at Kelly's institute for past year. For months history of tumor.

Date of onset: 1931

Other contributory causes of importance: General carcinomatosis. Secondary anemia

Date of 1930

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) S Ravera M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

E 82941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82941

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 Hudson St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas Ratajczak

(a) Residence: No. 2514 Hudson street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5th 1932

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Anthony Ratajczak.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Wanecki

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Anna Ratajczak
(Address) 2514 Hudson st

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cmty Date Sept 19th 1932

19. UNDERTAKER George A. Weber
(Address) 705 E. Lanvale street

... FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16. 1932 to Sept 17. 1932

I last saw him alive on Sept 17. 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Lobar Pneumonia	2 Wks.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph L. Vogliardo M. D.

(Address) 1126 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

682942 ✓ 82942

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden Apts. St. 13-59 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca N. Seif

(a) Residence: No. Temple Garden Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob S. Seif

6. DATE OF BIRTH (month, day, year) Mch. 3, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME H. Neidle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Cohen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Irving Seif,
(Address) New York.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Oheb Shalom Date Sep. 19 32

19. UNDERTAKER David Lendheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19.... RJK Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1932 to Sept 17th 1932
I last saw h er alive on Sept 17th 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene J Leopold. M. D.

(Address) 200 W. Lafayette Ave.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 82943 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82943

CERTIFICATE OF DEATH

153

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 1-12 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Stefan

(a) Residence: No. 717 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Stefan

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie Bezyoda

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Joseph Stefan
(Address) 717 N Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 21, 1932

19. UNDERTAKER August Papek
(Address) 2406 Eastland Ave

20. FILED ... 1932 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932, to Sept 18, 1932

I last saw him alive on Sept 18 1932 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Impetigo Cont. + Bullosa	9/10/32

Other contributory causes of importance:

Toxic Myocarditis + Illness	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Zell M. D.
(Address) Sydenham Hospital

M. D. B. 1268-9

E 82944 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82944

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-1-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Miller

(a) Residence: No. 1110 Burgundy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward J. Miller

6. DATE OF BIRTH (month, day, year) May 2-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Alfred Watson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ed. J. Miller

(Address) 1110 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL London Park Date 9/19/32

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of abdomen.	9/15/32

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Laparatomy Date of 9/15/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/15, 1932

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot wound,

Nature of injury Perforation of intestines

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Miller, M. D.

Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

82945

Dr Jas M. Dillworth

E 82945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S. Hilton St., 70-70 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Schoolhaus

(a) Residence: No. 21 S. Hilton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
HUSBAND of ~~(or) WIFE of~~ Mary Schoolhaus

6. DATE OF BIRTH (month, day, year) Sept 15th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt 080

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Schoolhaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. F. Kang

(Address) 21 S. Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 9/20/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932 to Sept 17 1932

I last saw h.im alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept 13/32

Other contributory causes of importance:

Acute Pancreatitis	Sept 14/32

Name of operation ... Date of ...

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J M Dillworth M. D.

(Address) 621 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

E 82946

E 82946 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82946

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 705 Broadway St., 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Florence M. Casey

(a) Residence: No. 5th Forest St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wilbur L. Casey

6. DATE OF BIRTH (month, day, year) May 28 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67

10. Date deceased last worked at this occupation (month and year) June 32

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Lewis Lange

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ellen Gorman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wilbur L. Casey 2nd

(Address) 2923 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 21 1932

19. UNDERTAKER Wilbur Coffey

(Address) 1219 Lo Cust St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th 1932 to Sept 17th 1932

I last saw her alive on Sept 17th 1932 Death is said to have occurred on the date stated above, at 6:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Nov
Pulmonary Tuberculosis, chronic	Feb 1932
Vaginal hemorrhages	Jan 1932

Other contributory causes of importance:

Secondary anemia

Profuse vaginal hemorrhages

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Hauver M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82947 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82947.

CERTIFICATE OF DEATH

Registered No. ✓47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604-E-34th St. St., 9-47 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Farris

(a) Residence: No. 604-E-34th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Mason Farris

6. DATE OF BIRTH (month, day, year) June 29/1849.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conn.
(State or country)

FATHER

13. NAME Mutten B. Farris

14. BIRTHPLACE (city or town) Conn.
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Loyd Hudson
(Address) 604-E-34th St

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Cedar Hill - Wash. Co. Date 9/19, 1932

19. UNDERTAKER John E. Mitchell & Son.
(Address) 1300 Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17/1932

22. I HEREBY CERTIFY, That I attended / deceased from 5-1, 1932 to 9-17, 1932

I last saw h[illegible] alive on 9-16, 1932. Death is said to have occurred on the date stated above, at 7.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF LUNG (RT.)	1931

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Storey M. D.

(Address) 1015 St. Georges R.D.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82948 HEALTH DEPARTMENT—CITY OF BALTIMORE 82948

CERTIFICATE OF DEATH X ✓ 54-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hosp St. 4-30 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wolfe, Lillian

(a) Residence: No. Glen Burnie Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry N. Wolfe.

6. DATE OF BIRTH (month, day, year) 1-18-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Jake Fine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hathe Weiner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Wolfe

(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date 9-19- 193

19. UNDERTAKER Jos Lewis Inc

(Address) 1432 E. Balto St.

20. FILED ..... 19.. 9/21 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1932 to Sept 17th 1932

I last saw her alive on Sept 17th 1932. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	9-0

Other contributory causes of importance:

Toxic Hepatitis Carcinoma of Liver

Name of operation Laparotomy Date of 9-1

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Asst Resident Physician M. D.

(Address) Spring Grove Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

82949

Tourimore

HEALTH DEPARTMENT—CITY OF BALTIMORE 82949

CERTIFICATE OF DEATH

X 48 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 E. Fort Ave 24-35 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. (2) mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Tourine

(a) Residence: No. 1402 E. Fort Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of N. H. Tourine

6. DATE OF BIRTH (month, day, year) Dec 24-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	(8)	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Albert Price

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Georgia Gordon

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Geo Tourine

(Address) 1402 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/14/ 19 32

19. UNDERTAKER J. B. Wagner

(Address) 1300 Eastern Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th 32

22. I HEREBY CERTIFY, That I attended deceased from July 27 32 to Sept 16 32

I last saw her alive on Sept 16 32 Death is said to have occurred on the date stated above, at 2.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus Metastasis	?
Exhaustion	Sept 16 32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Sept 17 32 (Signed) W. P. L. Campbell M. D.

(Address) 1614 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 82950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82950

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 306 Stinson St. St., 20-69 Ward)
Length of residence in city or town where death occurred 68 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christine Stupp
(a) Residence: No. 306 Stinson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 9/23/32 Harry Glassman 1867

6. DATE OF BIRTH (month, day, year) April 21-1864

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rosner & Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Wm Stupp
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Augusta —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas H. Stupp
(Address) 306 Stinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 9/19/32 19

19. UNDERTAKER F. B. Wisnert
(Address) 1300 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Sept 16 1932
I last saw h[illegible] alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease Angina Pectoris	Indefinite
Other contributory causes of importance: Acute Cardiac Dilatation	2 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) Harry Glassman M. D.
(Address) 2687 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82951

CERTIFICATE OF DEATH

53

Registered No. 21-29

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose ~~Theresa~~ Schmedes

(a) Residence: No. 838 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 15 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0&6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman Schmedes

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Barbara Mack

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Schmedes

(Address) 1025 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 9-23rd 1932

19. UNDERTAKER Bernard C Hartz

(Address) 1000 S Paca St

20. FILED — — 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1932, to Sept. 18, 1932

I last saw her alive on Sept. 18, 1932. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor & Secondary Haemorrhage.	?
	about
Other contributory causes of importance:	9/8/32
Cerebral Haemorrhage into Tumor.	9/18/32

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 82952

E 82952 HEALTH DEPARTMENT—CITY OF BALTIMORE

46V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Anglesia St. 17-25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 38 yrs. ... mos. ... ds.

2. FULL NAME August Stillwitz

(a) Residence: No. 4335 - Anglesia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard Strobel

(Address) 433 S Angelis

18. BURIAL, CREMATION, OR REMOVAL.

Place Mount Carmel Date Sept 20, 1932

19. UNDERTAKER Lohr Wilmot

(Address) 2108 Arlington Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 17- , 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep. 14th, 1932 to Sep. 17, 1932

I last saw him alive on Sep - 17, 1932 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of Pancreas with Metastasis	unknown
Chronic Degenerative Myocarditis	
Acute Dilatation of Heart	

(Other contributory causes of importance)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Thos. J. Schmidt M. D.

(Address) 6016 Eastern Ave City

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

82953 E 82953

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 W Saratoga St. 18 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah J Keene

(a) Residence: No. 940 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colk	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Keene

6. DATE OF BIRTH (month, day, year) Sept 16. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Worchester Co Md

FATHER

13. NAME John Keene

14. BIRTHPLACE (city or town) (State or country) Worchester Co Md

MOTHER

15. MAIDEN NAME Anne Smith

16. BIRTHPLACE (city or town) (State or country) Worchester Co Md

17. INFORMANT Mary Keene
(Address) 940 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Worchester Co Date 9/20 1932

19. UNDERTAKER Charles H. Burkett
(Address) 321 W. Carey St

20. FILED Sept 21 1932 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14. 1932 to Sept 18. 1932

I last saw her alive on Sept 18 1932 death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Sept 14 1932

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1153 Carey

M. D. H. 1268-9

E 82954 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82954

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 W. Garrison Ave St.) 45-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith May Buxton

(a) Residence: No. 3221 W. Garrison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	53	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year) 4th 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edwin E. Buxton

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Emily C. Loudenslager

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emily C. Buxton
(Address) 3221 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Sept 20, 1932

19. UNDERTAKER Barry W. Ehlen
(Address) 1946 W Pratt St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1932 to Sept 17, 1932

I last saw her alive on Sept 16, 1932. Death is said to have occurred on the date stated above, at 10-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Chronic valvular heart disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest H. Rahn, M. D.

(Address) 3005 W North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82955

E 82955

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 E. Dillon St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Dunnigan

(a) Residence: No. 3128 E. Dillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Bernard E. Dunnigan

6. DATE OF BIRTH (month, day, year) March 9 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none / housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bolton City Md

FATHER

13. NAME Andrew Lockman

14. BIRTHPLACE (city or town) (State or country) Germany / Germany

MOTHER

15. MAIDEN NAME Anna Lockman

16. BIRTHPLACE (city or town) (State or country) not known / Germany

17. INFORMANT Bernard E. Dunnigan

(Address) 3128 E. Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Sept 20th 1932

19. UNDERTAKER John A. Logan

(Address) 5000 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 ol 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 1932 to Sept 17 1932

I last saw her alive on Sept 17 1932 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	June 1932

Other contributory causes of importance:

Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. W. Wright M. D.

(Address) 1014 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

✓ E 82956

E 82956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Hamilton Ave St. 27-44 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Tulley

(a) Residence: No. 3417 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: late Bertha Tulley

6. DATE OF BIRTH (month, day, year): Sep 29/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Charles F. Tulley

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Sarah Chester

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Margaret Hanson

(Address): 1614 E. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Sept 20 32

19. UNDERTAKER: Fred. Lassahn & Son

(Address): 740 Belair Road

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep 18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 A.M.?

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did Injury occur? At home (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury: Gas heater cocks open

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address) 1018 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

82957. HEALTH DEPARTMENT—CITY OF BALTIMORE 82957.

11-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Stricker St. 19-27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Lillian Green.

(a) Residence: No. 413 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Green

6. DATE OF BIRTH (month, day, year) 92

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER

13. NAME Wm Kennard.

FATHER

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Victoria Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Viola Moulton
(Address) 413 N Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9-19 1932

19. UNDERTAKER Lewis Gorsuch & Co. Inc
(Address) 516 Park Ave

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/1932

22. I HEREBY CERTIFY, That I attended deceased from 8/26/1932 to 9/16/1932

I last saw h... alive on 9/16/1932 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	8/26/32

Other contributory causes of importance Bronchial Influenza.

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Gourley M. D.

(Address) 517 N Carrollton

M. D. B. 1268-9

E 82958 HEALTH DEPARTMENT—CITY OF BALTIMORE

141 E 82958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna H Arnold

(a) Residence: No. 2004 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of David J. Arnold

6. DATE OF BIRTH (month, day, year) Oct 10, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank B Appler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ethel Hammond

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT David J Arnold
(Address) 2004 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Sept 20 1932

19. UNDERTAKER H Rand Ellis
(Address) 356 W Mt Ave

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, to Sept 17, 1932.

I last saw h alive on Sept 17, 1932. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Secondary Hemorrhage

Date of onset Sept 13, 1932

Other contributory causes of importance:

Pregnancy with premature Labor

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Goldman M. D.
(Address) 2326 Eutaw St

M. D. B. 1268-9

E 82959

E 82959 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 S. Monroe St. 19-28 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo V. Rees

(a) Residence: No. 543 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~
Male	White	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ruby Ward

6. DATE OF BIRTH (month, day, year) Aug 11. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 6yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year) Aug 1928

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Geo. Rees

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Foeller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. G Rees

(Address) 543 S Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/20/32 19

19. UNDERTAKER John J. Emmy Sons Inc

(Address) 2232 E. Fredrick Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17/32. 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932. to Sept 17. 1932

I last saw h[illegible] alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	4 yrs
Other contributory causes of importance:	
Chronic Myocarditis	4 yrs
Chronic Arterio Sclerosis	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Was case referred for autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Scanlon, M. D.

9/19/32 (Address) 22 E Fayette St

OCCUPATION is very important. See instructions on back of certificate.

E 82960 Special 10-32 1500 Bks.

✓ E 82960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1367 N. Road ST. 11-24 WARD)

2-FULL NAME Conrad Hmseling,

(a) RESIDENCE NO. 1367 N. Road St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 15. 1871

7 AGE: Years 61 Months 2 Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mary Hemseling 1367 N. Read St

15 Filed —, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18. 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932. to Sept 18. 1932. that I last saw h~ alive on Sept 18. 1932. and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos 1. ds.

CONTRIBUTORY (Secondary) Chronic Atteral Hypertension.

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Typical Exam.

(Signed) Chas. Norton, M. D.

, 19 (Address) 888 N. Loudon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn.

DATE OF BURIAL: 9/29/32 19

20 UNDERTAKER: Geo Lenlack. 625 N. Eyndhurst

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-30—M. & T.—250 Blks

E 82961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82961

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Jefferson ST., 710 WARD)

2-FULL NAME William Kroupa

(a) RESIDENCE NO. 2318 Jefferson ST., 7 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Phyllis Kroupa

6 DATE OF BIRTH (month, day, and year) 23-MAY-1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	4 3	2 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice man

(b) General nature of Industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Meadwell PA.

PARENTS

10 NAME OF FATHER Venceslaus Kroupa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czechoslovaka

12 MAIDEN NAME OF MOTHER Barbara Sodoma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czechoslovaka

14 Informant V. Kroupa (Address) 2318 Jefferson st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17-32

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1932, to Sept 17, 1932, that I last saw h— alive on Sept 17, 1932, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Meningeitis

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) 7 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B Lemon M. D.

9/18, 1932 (Address) 718 N Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Sept 20 1932

20 UNDERTAKER August Paseka

ADDRESS 2406 Ashland ave

TION is very important. See instructions on back of certificates.

Spec.—12-8-25—A Co.—200 Blks.

E 82962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82962

82-004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2211 Rogers Ave St., 27-54 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louellen Brickhouse

(a) RESIDENCE NO. Home for the Aged of the M.E. Church

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Brickhouse.

6 DATE OF BIRTH (month, day, and year): Jany 14 - 1857

7 AGE — Years: 75 — Months: 8 — Days: 4 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Millett

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Delilah Thornton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

14 Informant: Etta Cudlip

(Address) 2211 Rogers ave.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 19

Sept 18 - 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept 18, 1932,

that I last saw h[illegible] alive on Sept 18, 1932,

and that death occurred, on the date stated above, at 12 5p m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Right)

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. E. Shannon, M. D.

9/18, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Date of Burial Sept 20 1932

20 UNDERTAKER: George I Smith ADDRESS 1332 Hollins

very important. See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82963 E 82963

CERTIFICATE OF DEATH

82001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S Kenwood Ave St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry N. Koch

(a) Residence: No. 612 S Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Koch

6. DATE OF BIRTH (month, day, year) Dec 13 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ferdinand Koch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Victoria Koch

(Address) 612 S Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 20 1932

19. UNDERTAKER John M Welby & Sons

(Address) 401 S Chester St

20. FILED ..., 19... Bagley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. A. Werner M.D. M. D.

Coroner

(Address) 1652 Patterson Pk

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 82964

HEALTH DEPARTMENT—CITY OF BALTIMORE

157-003

E 82964

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Fleet St ST. 1-3 WARD)

2-FULL NAME Baby Long

(a) RESIDENCE NO 2415 Fleet St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 18 1932

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Long.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Celia Palasick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Interment John Long (Father)

(Address) 2415 Fleet St

15 Filed ..... 1932 ..... of a Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) J. F. Peterson M.D., M. D.
Coroner

, 19 (Address) 305 E. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Sept. 19 1932
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc.	403 S. Wolfe St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82965

CERTIFICATE OF DEATH

142 B 82965

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. St. 20-20 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Hazel Kraft (M. Hazel Kraft Staubitz)

(a) Residence: No. 3612 Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Staubitz

6. DATE OF BIRTH (month, day, year) January 30, 1891 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41	7	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James E. Swain

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Parker

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. George E. Burger

(Address) 3512 E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetary Date Sept. 21, 1932

19. UNDERTAKER Joseph B. Cook

(Address) 1505 E. Baltimore St.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13th, 1932 to Sept. 17th, 1932

I last saw her alive on Sept. 17th, 1932 Death is said to have occurred on the date stated above, at 3:40 p. m.

The principal cause of death and related causes of importance were as follows:

Ruptured Ectopic Pregnancy

Date of onset

Other contributory causes of importance:

Secondary anemia from hemorrhage

Name of operation Laparotomy Date of 9-17-32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Fredrick Simmons, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Dr Chas E. Clark 3214 Redmont Ave Baltimore Md

82966

HEALTH DEPARTMENT—CITY OF BALTIMORE

82966

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Greenmount Ave Ward) 46

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm G. Cooper Sr

(a) Residence: No. 2913 Greenmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Margaret A. Cooper

6. DATE OF BIRTH (month, day, year) Feb 15th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gov

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Express Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N. Y.

FATHER

13. NAME John H. Cooper

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Hitchcock

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edith R. Cooper

(Address) 2913 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns (Waverly) Date 9/20/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932 to Sept 17 1932

I last saw h~~im~~e alive on Sept 17 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	5 wks ago
Other contributory causes of importance: Anasarca	5 wks

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles E. Clark M. D.

(Address) 3214 Redmont Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

82967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F F 82967

CERTIFICATE OF DEATH

216-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (25-32 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Wyatt

(a) Residence: No. 2333 Sidney Ave (Usual place of abode) Ward. Westport (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26th 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Wyatt

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Fannie Reese

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Fannie Wyatt

(Address) 2333 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 20th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1932 to Sept 18 1932

I last saw h alive on Sept 18 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (base)	9/18/32

Other contributory causes of importance:

Fell out of moving auto.

Name of operation None Date of ...

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/18 1932

Where did Injury occur? Russell St Viaduct (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Fell out of moving automobile 9/18/32

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah Pokorny M. D. Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

E 82968 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82968

CERTIFICATE OF DEATH

+ V 137

1. PLACE OF DEATH Church Home & Infirmary Registered No.

CITY OF BALTIMORE: (No. N Broadway St. 624 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William N Adams

(a) Residence: No. ..... St., ... Ward. Aberdeen Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Green grocer & butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) about 1 yr ago

11. Total time (years) spent in this occupation 50?

12. BIRTHPLACE (city or town) (State or country) Howe de Grace

FATHER

13. NAME Noble Adams

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Katherine Woodhouse

16. BIRTHPLACE (city or town) (State or country) Howe de Grace

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bakers Cemetery Date Sept 22, 1932

19. UNDERTAKER Wm J Tuckner & Son
(Address) Walker & Penna

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932 to Sept 20, 1932
I last saw him alive on Sept 19, 1932 Death is said to have occurred on the date stated above, at 6.05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Glomerular Nephritis	

Other contributory causes of importance:

Myocardial insufficiency	
Benign prostatic hypertrophy	
Arteriosclerosis	

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ..... No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: .....

(Signed) W. Webster Young, M. D.
(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 82969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82969

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs. 45 mos. ds. How long in U.S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Isadore Phillips

(a) Residence: No. 1527 Eastern ave St., Ward. E

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Un Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Doris Phillips

(Address) 1527 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sharey Rim Date 9/20, 1932

19. UNDERTAKER Jacob Levin & Son

(Address) 1439 E. Pratt St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1932 to 9-19, 1932

I last saw h[illegible] alive on 9-19, 1932 death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Left Lobar Pnemonia	8/25/32
Cardiac Decompensation	

Other contributory causes of importance:

Emphysema

Bronchiectasis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl Lukens M. D.

(Address) South Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

R 82970

E 82970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~University Hospital~~ 803 N. Gilmor St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth H. Custis

(a) Residence: No. 803 N. Gilmor St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Ralph Custis

14. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

MOTHER

15. MAIDEN NAME Mattie Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Marguarite Smith
(Address) 803 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9-20, 1931

19. UNDERTAKER Raymond Easton
(Address) 716 E. Lafayette

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on inquiry ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute gastro-enteritis	9/17/

Other contributory causes of importance:
Swallowed coal oil.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) 506 Hollins

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82971 ✓134 E 82971

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 N Eden ST. 5-8 (WARD)

2-FULL NAME Lena Coates

(a) RESIDENCE NO. 626 N Eden ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Chas. Coates

6 DATE OF BIRTH (month, day, and year) Sept 7, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. at home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER James Lawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lellellen Smart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs West (cousin) 202 Iroquois st

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 18, 1932, that I last saw her alive on Sept 17, 1932, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Pyo - Nephrosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Kidney Stone

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. Young, M. D.

9/19 1932 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annacosta D.C. DATE OF BURIAL 9/21/32

20 UNDERTAKER Robert Williams ADDRESS 15 N Wolfe st

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Last Statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

82972 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 82972

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Aisquith St., 9-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvina ~~M~~ M. Miller

(a) Residence: No. 1712 Aisquith St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22/1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	7/28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Alice Beatty

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Alice Miller
(Address) 1712 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem. Date Sept. 22, 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Broadway St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at about 7.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia — Date of onset (illegible)

(Influenza ?)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Scott Case Coroner, M. D.

(Address) 505 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82973

CERTIFICATE OF DEATH

107-E 82973

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Belt St St. 24-33 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. 21 dys. How long in U. S. if of foreign birth? yrs. mos. dys.

2. FULL NAME Burte E. Owens

(a) Residence: No. 1413 Belt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Burte F Owens

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Dorothy La Barre

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Owens (father)
(Address) 1413 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Ce. Date Sept 20. 1932

19. UNDERTAKER J. Fenwick McCully
(Address) 1304 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/14 1932 to 9/18 1932

I last saw him alive on 9/18 1932. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	9/14
Other contributory causes of importance:	
Myocarditis	9/14 3/4

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) L. J. Darlington M. D.

(Address) 1102 Mt. Holly St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82974 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82974

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Springfield Ave. St. 27-47 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amalia Margaret Vansant

(a) Residence: No. 725 Springfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Wharley Vansant

6. DATE OF BIRTH (month, day, year) June 1, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Mr. Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Danuetell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida M. Fetzes
(Address) 265 Berrees St., Harrisburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 21, 1932

19. UNDERTAKER Joseph Cook
(Address) 1005 E. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1932 to Sept 16, 1932

I last saw her alive on Sept 16, 1932 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia and
Cerebral Hemorrhage.

Date of onset

Other contributory causes of importance:
Senility

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dr. Byerly, M. D.

(Address) 2048 N. North Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

82975 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82975

CERTIFICATE OF DEATH

X 53

1. PLACE OF DEATH U.S. Marine Hospital, Balt[illegible] 12-51

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 3 mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Barney Sullivan

(a) Residence: No. 125 N.E. 11th Terrace, Miami, Fla. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Spires

6. DATE OF BIRTH (month, day, year) Oct. 14, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Seaman
10. Date deceased last worked at this occupation (month and year) 4-16-32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas J. Sullivan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Flaherty
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept. 21, 1932

19. UNDERTAKER Martin Bakery Sons
(Address) 237 W. North Ave.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932 to Sept. 18, 1932
I last saw h[illegible] alive on Sept. 18, 1932 death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, prickle cell, right side of neck	May, 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Cl. & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible], M. D.
(Address) U.S. Marine Hospital, Balto., Md.

THE CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82976

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. University Maryland St., Ward

Registered No. ..
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Sawyer

(a) Residence: No. 750 N. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville, N. C.

FATHER

13. NAME Arthur Sawyer

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Annie Hodges

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT D.J. McNeill
(Address) Fayetteville, N.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Fayetteville N.C. Date Sept 21 . 19 3

19. UNDERTAKER Joseph G Lawley & Son
(Address) 400 N. Market St

20. FILED ... . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/32

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ... I last saw h alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Other contributory causes of importance: Tuberculosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner . M. D.

(Address) 508 E Monk

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 82977

E 82977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Calhoun St. St. 14-24 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia R. McCartney

(a) Residence: No. 124 S. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. McCartney

6. DATE OF BIRTH (month, day, year) March 24, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Patrick Fitzribbons
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Murphy
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mr. Thomas J. McCartney
(Address) 124 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 21 19 32

19. UNDERTAKER Harry A. Mutsta
(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to Sept 18, 1932
I last saw her alive on Sept 17, 1932 death is said to have occurred on the date stated above, at 7.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Sept 14/32
Cerebral Hemorrhage	1932

Other contributory causes of importance:

Arteriosclerosis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. A. O'Neill, M. D.
(Address) 108 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 82978 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82978

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1 Windsor Mills Rd St. ~~Avenue~~ Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Toby Dietz
(a) Residence: No. Windsor Mills Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 9/8/32
7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Talbot County Md

FATHER
13. NAME: Wm Erskine
14. BIRTHPLACE (city or town) (State or country): Talbot County Md

MOTHER
15. MAIDEN NAME: Ethel Robinson
16. BIRTHPLACE (city or town) (State or country): Talbot County Md

17. INFORMANT: Mrs. Ethel Erskine
(Address): Windsor Mills Rd

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/18/32

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 to Sept 18, 1932
I last saw h[illegible] alive on Sept 18, 1932 death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	9/8/32
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

82979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82979

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eileen Pritchard Cole

(a) RESIDENCE NO. 161 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): ? ? 1907

7 AGE: Years: About 25 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky

14 Informant: Police Records

(Address): Pratt & Calhoun Sts

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 27, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH was as follows:

Left side of throat involving large blood vessels cut by razor - homicide

(duration) yrs. a few mos. mins. ds.

CONTRIBUTORY (Secondary): Hemorrhage

(duration) a few yrs. mos. mins. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy R. Cromwell, M. D. Coroner

9/17/32 (Address) 503 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Public Cemetery Sefton

DATE OF BURIAL 19

20 UNDERTAKER: Dept. Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AaCo. 5-31 250B

82980

HEALTH DEPARTMENT—CITY OF BALTIMORE E 82980

CERTIFICATE OF DEATH

23 v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Gilmor St., 14-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Lucille Colbourn

(a) Residence: No. 228 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 8. 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	19	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Colbourn
14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Merle Muir
16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Mrs. Merle Colbourn
(Address) 228 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 22, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 1 S. Schroeder St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1932 to Sept 18, 1932
I last saw h... alive on Sept 8, 1932 death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas E Bell M. D.
(Address) 1821 Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82981

E 82981 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82981

CERTIFICATE OF DEATH

131

Registered No. ..

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 Sarah Ann St. 4-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip L. Scott

(a) Residence: No. 664 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Scott

6. DATE OF BIRTH (month, day, year) June 6 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Scott

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Small

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fannie Scott
(Address) 664 Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 21, 1932

19. UNDERTAKER Mrs Fannie R Williams
(Address) 322 E Lexington St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1739 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 82982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82982

CERTIFICATE OF DEATH

167

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 9-16 (WARD)

2-FULL NAME Joseph Sehley

(a) RESIDENCE NO 1965 Homewood Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Ellen Sehley

6 DATE OF BIRTH (month, day, and year) Dec Brown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
about 60.				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired $
(b) General nature of industry, business, or establishment in which employed (or employer) Auditor 00
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Sehley

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Dec Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs Jos Sehley
(Address) 1965 Homewood Ave

15 Filed ..... 192 ..... Registrar B.P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bullet wound through the Brain. Self Inflicted Suicide, while insane

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) James M Hanlon, M. D. Coroner

9.20.32 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Sept 23 1932

UNDERTAKER Thompson & Goss Bene ADDRESS Balto

MEDICAL EXAMINER'S CERTIFICATE OF CAUSE OF DEATH—Physicians should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 82983 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82983

CERTIFICATE OF DEATH 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Keystone Ave St., 13 Ward)

Registered No. 12557

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs 5 mos 19 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Baxter

(a) Residence: No. 3604 Keystone Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachael Baxter

6. DATE OF BIRTH (month, day, year) March 31-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month, day, year) Retired 4 Years

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles F. Baxter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ann Orem

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Lizzie Keefer
(Address) 3604 Keystone Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove (Balto Co) Date Sept. 22. 1932

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED Sept 22 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11 1932 to Sept 19 1932

I last saw him alive on Sept 19 1932 Death is said to have occurred on the date stated above, at 6:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexia, cerebral	June 11 1932
Myocardial failure due to pressure	
Other contributory causes of importance:	
arterio-Sclerosis	15 yrs

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Arthur H. B. M. D.

(Address) 2020 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 82984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82984

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1813 South Road (St.) 27-54 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Alderman

(a) RESIDENCE NO. 1813 South Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Milton L. Alderman

6 DATE OF BIRTH (month, day, and year) Nov. 7-1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Litchfield, Conn.

PARENTS

10 NAME OF FATHER William L. Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Marina Merwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Mrs. Woodson Tierney

(Address) 1813 South Road

15 Filed , 19 Registrar

SEP 20 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 1932

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to Sept 20, 1932,

that I last saw h er alive on Sept 19, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rt jaw — extensive

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence

(Signed) Rudolph J Schork, M. D.

, 19 (Address) Howard A Kelly Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chester, Mass.	Sept. 21, 1932
20 UNDERTAKER	ADDRESS
Horace H. Burgie	3631 Falls Rd.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 82985 B 82985

CERTIFICATE OF DEATH

Registered No. 87

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 N Payson St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME August H Pfeuser

(a) Residence: No. 546 N Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna M Pfeuser

6. DATE OF BIRTH (month, day, year): May 21 1874

7. AGE: Years 58 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Joseph Pfeuser

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna M Pfeuser
(Address) 546 N Payson

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date 9/21/32

19. UNDERTAKER: Geo A Tyler
(Address) Fulton Cor Fremont

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932 to Sept 18, 1932

I last saw him alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9.12.32
Other contributory causes of importance: Arteriosclerosis	7.14.32

Name of operation None Date of X

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19...

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) D Ward Williams M. D.

(Address) 3200 Sequoia Ave

Fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

82986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82986

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. 95-991

CITY OF BALTIMORE: (No. 9 St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Judge A. Schissler

(a) Residence: No. Silver Springs Road St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth A. Schissler

6. DATE OF BIRTH (month, day, year) Feb. 25 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Conrad Schissler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Charlotte Leslie
(Address) 521 St. Albans Way, Homeland

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/22/32

19. UNDERTAKER Wm. Kopp
(Address) 1217 E. Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1932, to Sept. 19, 1932

I last saw h~~im~~ alive on Sept. 19, 1932. Death is said to have occurred on the date stated above, at 11:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	
of unknown etiology	
Congestive failure	

Other contributory causes of importance:

acute pulmonary edema	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) D. C. Turner M. D.

(Address) Md. Gen. Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82987

CERTIFICATE OF DEATH

E 82987

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-4½ Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Harbaugh

(a) Residence: No. 507 E. 24th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Harbaugh

6. DATE OF BIRTH (month, day, year) Oct 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Johnson ~~Charles Harbaugh~~

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Laura Lawson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Hospital Records Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Rec Cathedral Date 9/23 1932

19. UNDERTAKER (Address) Lucian Cook 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1932 to 9-19, 1932

I last saw her alive on 9-19, 1932 Death is said to have occurred on the date stated above, at 8 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	8 mos?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 82988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 82988

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6111 Ridgeview Ave., Raspeburg, Md. St., 27th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabella Anna Marie Horsky

(a) Residence: No. 6111 Ridgeview Ave., Raspeburg St., Md. 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Rudolph Horsky

6. DATE OF BIRTH (month, day, year) Sept. 26, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework D 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In her own home.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James J. Kelley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Alice Holecamp
(Address) 6114 Ridgeview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/22/32

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to September 20th 1932

I last saw her alive on September 19th 1932 Death is said to have occurred on the date stated above, at 3:40A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-cardial disease with cardiac hypertrophy	Several Years.
Other contributory causes of importance: Cardiac Insufficiency	4 days.

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) A. K. Billmeier, M. D.
(Address) 5713 Belair Rd., Baltimore, Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. Gordy Harford Rd. & Overland Ave ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82989

CERTIFICATE OF DEATH

E 82989

13-002

Registered No. 27744

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3003 Overland Ave (Ward) 27

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm K. Pinkerton Sr.

(a) Residence: No. 3003 Overland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Louisa C. Pinkerton

6. DATE OF BIRTH (month, day, year) Dec 1st 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Oil

10. Date deceased last worked at this occupation (month and year) Mar 1927

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Pinkerton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Kirk

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Chas. H. Pinkerton

(Address) 3720 Hillsdale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 22nd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th 1932 to Sept 19th 1932

I last saw him alive on Sept 19th 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacillary Dysentery	9-8-32

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gordy M. D.

(Address) Harford & Overland Aves

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82990

CERTIFICATE OF DEATH

163 E 82990

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Maryland General Hospital St. 14-20 (Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Rowland

(a) Residence: No. 1620 Linden Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Raliegh Rowland
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) River John,
(State or country) Nova Scotia, Canada

FATHER

13. NAME Collie Langille

14. BIRTHPLACE (city or town) Nova Scotia,
(State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Raliegh Rowland
(Address) Emerson Hotel

18. BURIAL, CREMATION, OR REMOVAL
Place Boston Mass Date 9/20 . 192

19. UNDERTAKER Vulcan Coal
(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20/3 20

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 8:00 A.M. m

The principal cause of death and related causes of importance were as follows:

Nicotine Poisoning

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place 1620 Linden Ave.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) . M. D.
Coroner.

(Address) 508 E. North Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82991

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 8-40 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hemile

(a) Residence: No. 832 S Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/11/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Michael Hemile

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Bessie Gutwein

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records — (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Md Cem Date Sept 20 19 32

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/32 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1932 to Sept 16 1932
I last saw her alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 11 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9-11-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. Richond M. D.

(Address) Johns Hopkins Hosp

M. D. R. 1268-9

4679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82992

CERTIFICATE OF DEATH

E 82992

13-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 16-76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Hall

(a) Residence: No. 1027 Brantley ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-21-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7 mos	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Adrian Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lovenia Mitchell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Sept 20, 19 32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Sept 20 19 32 ACH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to Sept 17, 1932

I last saw him alive on Sept 17, 1932. Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	9-6-32 A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W Beckford M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82993 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82993

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-4 79-001 Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Johnson

(a) Residence: No. Patient — St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/6/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) ..... (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Jane Ford

16. BIRTHPLACE (city or town) ..... (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2-28, 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 1932. 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 19 32 to 2/26, 19 32

I last saw h[illegible] alive on 2/25, 19 32 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory paralysis	
Pneumococcus meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. Bucklund, M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 21-31 Ward)

Registered No. 1228

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Wissner

(a) Residence: No. 1005 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis H. Wissner

6. DATE OF BIRTH (month, day, year) May 27/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Keil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Krepp

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Louis H. Wissner
(Address) 1005 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel Cemetery Sept 21 1932

19. UNDERTAKER Fred A. Rawlinson
(Address) 753 S. Hanover St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	?
Toxemia	?
	8 days

Other contributory causes of importance: Strangulated Umbilical Hernia

Name of operation Herniotomy Date of Sep 8

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Taylor Coroner, M. D.
(Address) 508 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 82995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 82995

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (ST.) 2424-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd B. Parks.

(a) RESIDENCE No. 118 E. Ostend St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 17, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Gardiner R. Parks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Va.

12 MAIDEN NAME OF MOTHER Vida Garner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Vida Parks. (mother)
(Address) 118 E. Ostend St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol shot wound of the heart & lungs.
Occidental Death.
Shot by James V. Hooper while examining pistol (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ostend & Wall Sts. Sept. 19, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M. Feinhardt, M. D. Coroner

9/20/32, 19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crowns Island Md. | DATE OF BURIAL Sept 20 19 32

20 UNDERTAKER W. H. Cook 1217 E. Fund St. | ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 82996

Registered No. E 82996

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Somerset St. 5-6 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie (Emmaline) Owen

(a) Residence: No. 509 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward S Owen

6. DATE OF BIRTH (month, day, year) July 12 1880

7. AGE: Years 52 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Herbert Owen

(Address) 509 Somerset St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Sept 21 1932

19. UNDERTAKER Mrs. C. S. Bailey

(Address) 1421 Jefferson St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1932

I HEREBY CERTIFY, That I attended deceased from July 1 —, 1932, to Sept 18, 1932

I last saw ... alive on Sept 18 1932 death is said to have occurred on the date stated above, at 8 30p m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis July 1 1932

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leo Sallen, M. D.

(Address) 30 Chesapeake

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

Grave Woman (11)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82997 E 82997

CERTIFICATE OF DEATH

93 cor Asbury (10)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Provident Hospital St., 15 Ward 21

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jeanie Smith

(a) Residence: No. 1708 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Northwestern Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER Undertaker Booth
(Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocardial Insufficiency	
Other contributory causes of importance: Arteriosclerosis- Senility	

Name of operation ... Date of no

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Cain M. D.
Coroner

(Address) 1086 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 82998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 82998

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at Provident Hospital

CITY OF BALTIMORE: (No. 16-26 St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Bailey

(a) Residence: No. 911 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James J. Bailey

6. DATE OF BIRTH (month, day, year) Nov 26/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

FATHER

13. NAME William Hardy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Dyson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James J. Bailey

(Address) 911 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 9-21- 22

19. UNDERTAKER John M. Johnson

(Address) 1845 Edmondson Av.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 16/22

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above at about 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Fracture of Skull	9/16/3

Other contributory causes of importance:

Fell down stairs 2nd to 1st floor

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19 ....

Where did injury occur? 911 Harlem Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) 5085 Rondo

M. D. B. 1268-9

E 82999

E 82999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Myrtle Ave St., 14-20 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jennie Simms

(a) Residence: No. 1405 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed) or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Henson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Bertha Simms 1405 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Swan Creek Date 9/21/32

19. UNDERTAKER (Address) Mrs. George H. Holland 1631 Division St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-5-32, 19.... to 9-18-1932

I last saw her alive on 9-18-1932 Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Hemiplegia	
Nephritis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. B. Butler, M. D.

(Address) 425 N. Carline St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83000

M. D. H. 1268-9

E 83000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 16-22 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eli Kaminskow

(a) Residence: No. 833 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Esther Kaminskow

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Russia

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sara Russia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Jack Russ Son 1439 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Ner Washington Ref Cem Date 9-21- 32

19. UNDERTAKER (Address) Jack Russ Son 1737 E Balto St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1932, to Sept. 21, 1932.

I last saw him alive on Sept. 21, 1932. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic myocarditis	
Cardiac hypertrophy and dilatation	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Ashburton St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Kunsberg

(a) Residence: No. 1639 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Samuel Kunsberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Braun —

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Kupfer —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Samuel Kunsberg 1639 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Shrew Wash. Mem'l Date 9-21- 1932

19. UNDERTAKER (Address): Jack Lewis Inc 1439 Edmondson Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932. to Sept 20, 1932

I last saw her alive on Sept 20 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Arteriosclerosis	?
Contracted Pulmonary Tbc	?

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Natural Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer Miller M. D.

(Address) 7410 Eastwood Ave

State CAUSE OF DEATH in plain terms. ... may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83002

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucille Johnson Williams

(a) Residence: No. 1406 N Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27.32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ruth Williams
(Address) 1406 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date Sept 21 . 1932

19. UNDERTAKER Thomas E. Kalaw
(Address) 1303 Presstman st.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disturbance (Gastro-intestinal indigestion) ?	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1056 Hollins st

Information should be given in plain terms, so that it may be properly classified. Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

E 83003 E 83003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 82-001

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2539 W. Fairmount WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline A. Siebert

(a) RESIDENCE NO. 2539 W. Fairmount Av WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Siebert

6 DATE OF BIRTH (month, day, and year): Jan 7th 1862

7 AGE: Years 70 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Hasmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fahrenwald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas Siebert

(Address) 2539 W. Fairmount Av

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/19/32

17 I HEREBY CERTIFY, That I attended deceased from 7/17 '32 to 9/19 '32

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Cardiogram Blood pressure

(Signed) Chas A Cuff, M. D.

9/19, 1932 (Address) 2145 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 9/21/1932

20 UNDERTAKER: J. B. Shipley & Son — ADDRESS: Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83004

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3024 Edmondson Ave. (Ward) 16-70

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Simms

(a) Residence: No. 3024 Edmondson Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Simms

6. DATE OF BIRTH (month, day, year) July 29, 1849

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 37 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm C. Simms

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia A. Meyers

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Mrs. Virginia A Nash

(Address) 3024 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Sept. 23 1932

19. UNDERTAKER Wm. H. Keyser Sons

(Address) North & Pa Aves

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1932 to Sept. 20, 1932

I last saw him alive on Sept. 2 1932. Death is said to have occurred on the date stated above, at 1250 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senile dementia	1930
Toxemia from urinary retention	9/17/32

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: —

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice E. Shearer M. D.

(Address) 3300 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

E 83005

E 83005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26,360 Unof. X 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Zacariah Kinnes Grafton W. Va

(a) Residence: No. 225 Maple Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) April 2 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R. R. Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Edwin Kanks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Amandy Clemm

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Grafton W Va Date Sept 21 19 32

19. UNDERTAKER Wm J Ferguson & Sons

(Address) Fairmont W Va

20. FILED ..... 19..... H.H.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1932 to Sept 20 1932

I last saw him alive on Sept 20 1932 Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Prostate Hypertrophy	
Post Operative Bronchiopneumonia	9/16/32

Other contributory causes of importance:

Name of operation Perineal Prostatectomy Date of 9/16/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd T. Leupp M. D.

(Address) Johns Hopkins Hosp.

Instruction: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V47 E 83006

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Bank St. St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Loretta R. Jumras

(a) Residence: No. 2023 Bank Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — — — —

6. DATE OF BIRTH (month, day, year) Jan 21-1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	7 8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marty Jumras.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Veronica Janka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Veronica Jumras.
(Address) 2023 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem. Date Sept 22 nd, 193

19. UNDERTAKER George R. Wehr
(Address) 705 S Bond Street

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/14/32, 19... to 9/20/32, 19...

I last saw ... alive on Sept 20/32 19... Death is said to have occurred on the date stated above, at 10a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Mediastinum	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Manuel S Finder, M. D.

(Address) .....

Information should be given by person who can state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83007. HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34 E 83007.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N Stricker St. 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Jackson

(a) Residence: No. 1522 N Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME Paul Jackson

14. BIRTHPLACE (city or town) (State or country) St Mary's Co

MOTHER

15. MAIDEN NAME Julia Yates

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Ellen Thomas
(Address) 1522 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 23 ... 1932

19. UNDERTAKER Dennis Dyer & Son
(Address) 1001 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-14- 1932 to 9-20- 1932
I last saw h[illegible] alive on 9-20- 1932 Death is said to have occurred on the date stated above, at 1:25P m.

The principal cause of death and related causes of importance were as follows:

Chron. Gastritis — Date of onset Uncertain
" Myocarditis — " "

Other contributory causes of importance:

Cystitis — " "
Chron Constipation — " "

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) M R Boykin M. D.

(Address) 1512 Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 83008

CERTIFICATE OF DEATH

✓ 93 B 83008

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2905 Oakhill Ave St. 25-64 Ward)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 2 ds How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Justis Smith Sr

(a) Residence: No. 2905 Oakhill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Vollman Smith

6. DATE OF BIRTH (month, day, year) March 17th 1868

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
64	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Dec.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. Chambers & Co 053

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Ferdinan C. Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna K. Habenbom

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles J. Smith Jr
(Address) 2903 Oakhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/22/ 1932

19. UNDERTAKER Hoge Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19.....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4 1932 to Sept 19 1932 last saw h[illegible] alive on Sept 19 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. Stricker M. D.
(Address) 1901 Eutaw Pl.

Information must be given in answer to every question. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83009 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83009

CERTIFICATE OF DEATH

Registered No. 28-64 177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4125 Forrest Park Ave St., 28 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tony Sperandeo

(a) Residence: No. 4125 Forrest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paulina Sperandeo

6. DATE OF BIRTH (month, day, year) Jan 6/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year) Sep 1931

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Sperandeo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Guarino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mrs. Paulina Sperandeo 4125 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date 9/22/32 19

19. UNDERTAKER (Address) M. Vernon Lemmon 4611 Park Heights Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 Death is said I last saw h alive on . 19 to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mushrooms or toad stool Poisoning 4 days	Sep 15/3

Other contributory causes of importance: Picked, cooked and ate Mushrooms himself.

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83010

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged, Ment Womens Home Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Durant Jackson

(a) Residence: No. 822 N. Carrollton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grantstown Md.

FATHER

13. NAME Hutcoms

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Durant

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rosie Stewart Matron

(Address) 822 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date 9/21 1932

19. UNDERTAKER Samuel H. Hemsley

(Address) 578 McCulloh St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1932 to Sept. 19, 1932

I last saw h.. alive on.. Sept 19, 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	
Arterio-Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edw J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83011 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83011

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AGNES BARRETT

(a) Residence: No. 902 St. Paul Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME William H. Evans

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME Emily M. Combs

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT Mr. John Lucas
(Address) 924 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept. 22 '32

19. UNDERTAKER Geo. T. Hayes Son
(Address) 1811 Mt. Royal Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 19 32 to Sept. 17 19 32

I last saw him alive on Sept 17 1932 Death is said to have occurred on the date stated above, at 8 30 m. P M

The principal cause of death and related causes of importance were as follows:

acute dilation of heart due to Pulmonet — Date of onset 9 15 32

Other contributory causes of importance:

acute nephritis

Name of operation none Date of

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Fenton M. D.
Coroner

(Address) 700 E Eager St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Place numerals for OCCUPATION in very important. See instructions on back of certificate.

E 83012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83012

161-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Huth

(a) Residence: No. Fusion Towers Tonsons St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single) Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/20/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bon Secours Hosp.

FATHER

13. NAME Herbert Bunke [redacted]

14. BIRTHPLACE (city or town) (State or country) Sweden, Md.

MOTHER

15. MAIDEN NAME Mildred Heath

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Herbert Bunke
(Address) [redacted] Sweden Md

18. BURIAL, CREMATION, OR REMOVAL
Name Bon Secours Date 9/21 1932

19. UNDERTAKER Geo. E. Hurley
(Address) Fulton and Augusta

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1932 to 9/20, 1932

I last saw him alive on 9/20, 1932 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. H. Crowther, M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83013

HEALTH DEPARTMENT—CITY OF BALTIMORE 83013

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Preston St., 12-14 Ward)

Length of residence in city or town where death occurred About 53 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Ellen Fahey

(a) Residence: No. 426 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 53	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fahey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Miss Margaret Fahey 426 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 9/23 1932

19. UNDERTAKER (Address) Kenny U. Meares Son 3 W. Saratoga St. Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/20/30 19... to 9/20/32 19... I last saw h[illegible] alive on 1/20/32 19... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Ch)	9/20/30

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) S. W. Gaddess, M. D.

(Address) 321 E 25th

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statements of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 83014 ✓ E 83014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Shipley

(a) Residence: No. Mt. Airy, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late John K. Shipley

6. DATE OF BIRTH (month, day, year) Feb 2/1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7 X	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrol Co., Md.

FATHER

13. NAME John Dixon

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Eleanor Grimes

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Georgia Wood
(Address) R.F.D. Mt Airy? Md

18. BURIAL, CREMATION, OR REMOVAL.
Place Brandenburg Cem Date Sept 25, 19 32

19. UNDERTAKER C. M. Metz
(Address) Funeral Dir. Mt. Airy, Md.

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Fracture left hip- Aug 12/32	

Name of operation ... Date of ...

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Did injury occur? ... 19 ...
Where did injury occur? 1625 N. Patterson Pk (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home of daughter
Manner of Injury Slipped in dining room
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Pacca Coroner. M. D.
(Address) 5078 Q Ninth Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83015 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83015

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Hudson St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Dorothy Faith Law

(a) Residence: No. 3726 Hudson St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Jan. 22 1921

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
11	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles E. Law

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bertha Wilhelm

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles E. Law
(Address) 3726 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Sept. 23, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Sept 20 -, 1932
I last saw her alive on Sept 20 -, 1932. Death is said to have occurred on the date stated above, at 9 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	1932
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83016

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-17 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Raymond Moore

(a) Residence: No. 2304 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 14, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Clerk (unemployed)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 654

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Raymond Moore

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Lillian Eberwein

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am. Date Sept. 22, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ....., 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-9-32, 19...., to 9-18, 1932

I last saw h.. alive on 9-18, 1932 Death is said to have occurred on the date stated above, at 9 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	5 to 6 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Postmortem Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

E 83017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83017

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2516 W. Baltimore St. 70-69 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yr. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank M. Shanahan

(a) Residence: No. 2516 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret M Shanahan

6. DATE OF BIRTH (month, day, year) Feb. 27/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Ry & Elect. Co

10. Date deceased last worked at this occupation (month and year) May 5 1932

11. Total time (years) spent in this occupation 23 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Phillip Shanahan

14. BIRTHPLACE (city or town) (State or country) Ballyvourney Co Cork Ireland

MOTHER

15. MAIDEN NAME Mary Monahan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret M Shanahan
(Address) 2516 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/23/ 1932

19. UNDERTAKER John J Coleman & Son
(Address) 1901 Eutaw Pl

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/ 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6- 1932 to Sept 20- 1932

I last saw him alive on Sept 19- 1932. Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach (Cardia)	
History -	6 mos.
Other contributory causes of importance:	
Cachexia	2 mos.

Name of operation not any Date of ✓

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. R. Burton M. D.

(Address) 301 E Cross St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83018 E 83018

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memrial Hospital 8-16 (Street)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Carrie Frank. (Miss Caroline Frank)

(a) Residence: No. 1501 N. Collington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 12, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MAID

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ANOTHER HOME

10. Date deceased last worked at this occupation (month and year) 9/18/32

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Frank.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Howe

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mary E. Valentine
(Address) 1501 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept. 22, 1932

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. & Broadway.

20. FILED ... 19... R.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from SEPT 19, 1932, to SEPT 19, 1932

I last saw her alive on Sept 19, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage	

Other contributory causes of importance:

arteriosclerosis	?
Hypertension	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) Herbert Eckert, M. D.

(Address) Union Memrial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83019

CERTIFICATE OF DEATH

E 83019

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., [illegible] Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Malone

(a) Residence: No. 134 Andrews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 3, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Thos Malone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 22 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 E. Biddle St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1932 to Sept 19, 1932

I last saw him alive on Sept 19, 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	Unknown
Other contributory causes of importance: Secondary anemia	unknown
Arteriosclerosis	unknown

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9-22-32 (Signed) Louis Hirshberg M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

83020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83020

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 E. West St. ST.) (WARD 24-33)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon J. Brown

(a) RESIDENCE NO. 16 E West St ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Vernon J. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna C. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Vernon J. Brown 16 E West St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1932

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to Sept 20, 1932

that I last saw him alive on Sept 20, 1932

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) R. L. Campbell M. D.

Sept 21, 1932 (Address) 16 E. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 22 1932
20 UNDERTAKER	ADDRESS
Margaret V. Flynn	1417 W. Lig[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 83021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 83021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 E. Federal St., 9-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Kaczorowski

(a) Residence: No. 1425 E. Federal St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary Kaczorowski

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
about	47	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Thomas Kaczorowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Kendziejeski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Kaczorowski
(Address) 1425 E. Federal

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 9/22 1932

19. UNDERTAKER William Fiaczkowski
(Address) 1618 Eastern Ave

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1932 to Sept. 19, 1932
I last saw him alive on Sept. 19 1932 death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	9-13-32

Other contributory causes of importance:
Myocardial Insufficiency

Name of operation None Date of ...
What test confirmed diagnosis? Signs of death Was ... [illegible] ... ? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) I. B. Bronushas, M. D.
(Address) 3037 O'Donnell St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83022

CERTIFICATE OF DEATH

E 83022

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pretty-boy Dam, Md 4-32 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence J Blizzard

(a) Residence: No. Hampstead, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Nellie Blizzard

6. DATE OF BIRTH (month, day, year) Feb 23-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9/21/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John W. Blizzard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie Erb

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. N. Blizzard

(Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Sept 24, 1932

19. UNDERTAKER H Barnard & Son

(Address) Westminster Md

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Crushing injury to chest, left leg & left foot by fall from dam

Date of onset 9/21/32

Other contributory causes of importance:

Shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/21, 1932

Where did injury occur? Pretty boy Dam Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell from dam.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.
Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83023

CERTIFICATE OF DEATH

E 83023

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2417 Christian St. 70-69 (Ward)

2-FULL NAME Mrs. Anna Kick

(a) RESIDENCE NO. 2417 Christian ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Joseph Kick

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER K. Grohler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph Kick

(Address) 2417 Christian St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-renal Disease

(duration) unknown yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) (duration) yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No What test confirmed diagnosis? Clinical + Physical

(Signed) Guy N. Cromwell M. D. Coroner

9/21/19 32 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Sept 24 1932

20 UNDERTAKER George L. Johnson & Weithuhn Inc. ADDRESS

mation should be carefully supplied. AGE must be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

E 83024 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83024

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp. St., 2?-30 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 64 yrs. ... mos. ... da.

2. FULL NAME Peter Albert Rappenecker

(a) Residence: No. 610 Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A Rappenecker

6. DATE OF BIRTH (month, day, year) Oct 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keasbey & Mattison Co.

10. Date deceased last worked at this occupation (month and year) Aug 28-1932

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Peter A Rappenecker

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Ireland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Peter F. Rappenecker
(Address) 2938 Gibson Ave

18. BURIAL, CREMATION, OR REMOVAL
Date 9/23, 1932

19. UNDERTAKER Peter Foley Hoyle
(Address) 1128 Light St

20. FILED ... 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21- , 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 , 1932 to Sept 21- , 1932

I last saw him alive on Sept 21- , 1932 Death is said to have occurred on the date stated above, at 1145 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with Metastases	1930
Other contributory causes of importance: Intestinal Obstruction due to Adhes	1932

Name of operation Exploratory Laparotomy Date of 1931

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Richard E. Cumming, M. D.

(Address) 100 Cathedral St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. H. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83025

CERTIFICATE OF DEATH

50

E 83025

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Milford Ave. St., 28-63 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie F. Downs

(a) Residence: No. 3706 Milford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H. Downs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sallie C. Underwood

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Mrs. Leidia F. Haus
(Address) 3706 Milford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept 23 1932

19. UNDERTAKER Harry R. Limacostobon
(Address) 4204 Ridgewood Ave

20. FILED ... 19 ... Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to Sept 20 1932
I last saw h[illegible] alive on Sept 20 1932. Death is said to have occurred on the date stated above, at 1.00 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Pulmonary Oedema	9/10/32

Other contributory causes of importance:
Carcinoma of breast with metastasis following operation.

Name of operation Amputation breast Date of about 1928

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) O. G. Roberts M. D.

(Address) 1117 N. Paul St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83026 E 83026

CERTIFICATE OF DEATH

Registered No. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General St. Ward)

Length of residence in city or town where death occurred about 1 hr. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thaddeus C. Grimes

(a) Residence: No. Ellicott City, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Grimes

6. DATE OF BIRTH (month, day, year) Jan 28/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry T. Grimes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Selby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carrie Grimes
(Address) Ellicott City, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date Sept 23, 1932

19. UNDERTAKER Easton Sons
(Address) Ellicott City.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/20/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83027

E 83027 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 25-75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Thompson

(a) Residence: No. 26 Talbott St. Brooklyn St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Debora D Thompson

6. DATE OF BIRTH (month, day, year) Aug 16 1884

7. AGE: Years 48 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Factory Co

10. Date deceased last worked at this occupation, (month and year) Sept 20 1922

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Debora Thompson

(Address) 26 Talbott St

18. BURIAL, CREMATION, OR REMOVAL Cemetery

Place Friendship M.E. Date Sept 23 1922

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1922

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Augustus Fuller Coroner . M. D.

(Address) 1739 Eastern Ave

MAKE ENTRIES ON THIS CERTIFICATE IN INK. See instructions on back of certificate. OCCUPATION is very important.

M. D. R. 1268-9

83028

B 83028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 E 25th St., 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where dec'd occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Jackson

(a) Residence: No. 419 E 25th St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jackson

6. DATE OF BIRTH (month, day, year) Oct 24 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Dec 1929

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Unknown Jackson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Unknown Howe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Jackson

(Address) 419 E 25th St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 9/24 1932

19. UNDERTAKER Wm E. Power

(Address) 1217 W Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Sept 21 1932

I last saw him alive on Sept 20 1932 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Nephritis	

Other contributory causes of importance:

Gen. debility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Stanley Hopper M.D.

(Address) 2900 W Pratt St Balto

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 83029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83029

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Steamship Silver Willow St. 26-36 (Ward) 6

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ling Ta Pao.

(a) Residence: No. Shanghai China St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32		-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: SS Silver Willow

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): China.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): China

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): China

17. INFORMANT: Capt. E. Cherry

(Address) SS Silver Willow

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept 22, 1932

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 6:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull.	
accidental fall on Steamship	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State) on Steamship

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury fall down hatch

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 83030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83030

V 22

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Thomas

(a) Residence: No. 1638 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15/1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Simon Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lola Mitchell

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) Lola Thomas 1638 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Sept 22 1932

19. UNDERTAKER (Address) Samuel Weyley 528 Mad Ave St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 7.25 A.M.

The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia (Terminal) — Date of onset ?

Other contributory causes of importance:

Ulcer of rt heel — ?
Tetanus on entrance Sep 11/32
History of splinter in heel i mon ?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 19 .....

Where did injury occur? at her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 5086 Penn Ave

STATE CAUSES OF DEATH in the plain English language. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 83031

83031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Louise F Bennett

(a) Residence: No. Sykesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Bennett.

6. DATE OF BIRTH (month, day, year) March 4, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstalk Md.

FATHER

13. NAME James F Vernay

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth [illegible]

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William H Bennett

(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL Sykesville Md Date Sept 24 1932

19. UNDERTAKER Geer & Son Inc.

(Address) Sykesville Md

20. FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from September 15 1932 to September 22 1932

I last saw h[illegible] alive on Sept 22 1932 Death is said to have occurred on the date stated above, at 5 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis.	?
Other contributory causes of importance: Pulmonary Emboli	9/22/32

Name of operation Nephrotomy Date of 9/20/32

What test confirmed diagnosis? Cysto. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, Modify

(Signed) [illegible] M. D.

(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 83032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83032

119

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E Biddle ST. 8-12 WARD)

2-FULL NAME Donald F Doherty

(a) RESIDENCE NO. 2213 E Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20th 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		19		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Doherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Rose Gapetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John F. Doherty (Address) 2213 E. Biddle St.

15 Filed 9/21, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1932 to Sept. 20, 1932

that I last saw him alive on Sept. 20, 1932

and that death occurred, on the date stated above, at 7h m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wilbur G. Singewald, M. D.

(Address) 1613 E. Hoffman Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Sept 22 1932

20 UNDERTAKER Leo G. Crook ADDRESS 1723 Patterson Ave.

CAUSE OF DEATH If plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

AACo. 5-31 250B

E 83033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83033

CERTIFICATE OF DEATH

177

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Argyle A. St. 14-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Downes

(a) Residence: No. 1412 Argyle A. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME William Downes
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Martha Harris
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Martha Downes
(Address) 1412 Argyle A

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 22 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st.

20. FILED ..., 19... Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite statements, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Convulsions," "Uremia," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Hemorrhage," "Accident," "Suicide," "Homicide," "Fracture," "Burns," "Drowning," "Asphyxiation," "Poisoning," "Abortion," "Childbirth," "Stillbirth," "Premature Birth," "Congenital Debility," "Malformation," "Marasmus," "Inanition," "Cachexia," "Debility," "Shock," "Collapse," "Coma," "Delirium," "Dementia," "Paralysis," "Epilepsy," "Meningitis," "Encephalitis," "Myelitis," "Neuritis," "Neuralgia," "Rheumatism," "Arthritis," "Nephritis," "Hepatitis," "Peritonitis," "Appendicitis," "Colitis," "Enteritis," "Gastritis," "Ulcer," "Hernia," "Obstruction," "Perforation," "Rupture," "Aneurism," "Thrombosis," "Embolism," "Hemorrhage," "Anemia," "Leukemia," "Lymphoma," "Sarcoma," "Carcinoma," "Tumor," "Cyst," "Abscess," "Gangrene," "Ulcer," "Fistula," "Sinus," "Wound," "Injury," "Burn," "Scald," "Frostbite," "Electrocution," "Lightning

M. D. R. 1265-9

E 83034

E 83034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

232

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-56 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eppy Jackson

(a) Residence: No. 2218 Brunt st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Jackson

6. DATE OF BIRTH (month, day, year) Feb. 18, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

FATHER

13. NAME Eli Jackson

14. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

MOTHER

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

17. INFORMANT (Address) Hospital Records Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Sept 22 1932

19. UNDERTAKER (Address) Thomas E. Kelson 1303 Presstman St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1932 to Sept. 18 1932

I last saw him alive on Sept. 18 1932. Death is said to have occurred on the date stated above, at 8.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Maurice L. Tourt M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83035

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-54 Ward)

Registered No. V34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Helen Martin

(a) Residence: No. South Ave. Mt. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Charles Martin

6. DATE OF BIRTH (month, day, year) Dec 31, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Howard

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia Mae Green

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Husband

(Address) Smith Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Balto. Co. Date Sept. 24 1932

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Govans, Md

20. FILED ... 19 ... Registrar.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to Sept 21, 1932

I last saw her alive on Sept 21, 1932 Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - subacute	?
Colon	

Other contributory causes of importance:

Nephritis	

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Eichert, M. D.

(Address) Union Memorial Hospital

Spec.—9 30—A. & Co.—250 Blks

83036 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83036

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 116 West Biddle St. 11-24 (WARD)

2 FULL NAME Emma Madden

(a) RESIDENCE NO 116 West Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Madden

6 DATE OF BIRTH (month, day, and year): June 6, 1886

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Geo. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pine Eq. Co. Va.

12 MAIDEN NAME OF MOTHER: Mary Bryson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mary Madden 116 W. Biddle st.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 19, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1932 to Sept. 19, 1932

that I last saw her alive on Sept. 18, 1932

and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Petteplain M. D.

19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Luke cemetery Reisterstown Md.

DATE OF BURIAL: 9/22/ 1932

20 UNDERTAKER: Mrs. Ida B. Saunders

ADDRESS: 1220 E. Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

83037

E 83037

HEALTH DEPARTMENT—CITY OF BALTIMORE

56

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 600 E. Madison ST. 10-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mariah Steadman

(a) RESIDENCE NO. 600 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): [illegible] 1885

7 AGE: Years 47; Months —; Days —; If LESS than 1 day, hrs or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Maria Bolden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Father Steadman

(Address) 600 E. Madison

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-21 1932

17

I HEREBY CERTIFY, That I attended deceased from 8/12, 1932, to 9/21, 1932, that I last saw her alive on 9/20, 1932, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Influenza

Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & symptoms

(Signed) James K. P. McClure, M. D.

9/21, 1932 (Address) 924 Pregnitz St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: 9/22/1932

20 UNDERTAKER: Mrs. Ida B. Lowndes

ADDRESS: 1220 E. Madison

CAUSE OF DEATH must be plainly written. Use only black ink or pencil.
TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 83038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83038

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 n Madeira St., 7-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt. John Ryan

(a) Residence: No. 808 N Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE of~~) Rose Ryan -

6. DATE OF BIRTH (month, day, year) Aug 24-1862

7. AGE — Years 70 | Months — | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. Asphalt Roofing Co

10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Robert Ryan -

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT E. Robt Ryan
(Address) 707 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 24 1932

19. UNDERTAKER William G. Schaeffer
(Address) 1816 Monument St

20. FILED . 19 .
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23 . 1932 to Sept 20 . 1932
I last saw him alive on Sept 19 . 1932 Death is said to have occurred on the date stated above, at 10 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Prior to 3/23/32
Toxaemia -	

Other contributory causes of importance:

Case inoperable when first examined.

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify

(Signed) George Abner Bender M. D.
(Address) #1517 E. Northern.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83039

CERTIFICATE OF DEATH

E 83039

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 E 36th St., 9-47 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Byrne

(a) Residence: No. 635 E. 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Thomas J. Byrne

6. DATE OF BIRTH (month, day, year) Sept 10 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Gannon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph A. Byrne

(Address) 635 E 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date Sept 23, 32

19. UNDERTAKER John A. Mohan

(Address) 3000 E. Baltimore St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1932, to Sept 20, 1932

I last saw her alive on Sept 18, 1932. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Sept 20
Other contributory causes of importance: Chronic Myocarditis	unknown

Name of operation none Date of

What test confirmed diagnosis? none was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Merritt, M. D.

(Address) 3608 Yolanda Road.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83040 163 E 83040

CERTIFICATE OF DEATH

E 83040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Kathanay

(a) Residence: No. 1413 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2nd 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis, Mo

FATHER

13. NAME Albert Kathanay

14. BIRTHPLACE (city or town) (State or country) St. Louis. Mo

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) St. Louis, Mo

17. INFORMANT John Stobbs
(Address) 1413 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 23 1932

19. UNDERTAKER F. B. Pickpect
(Address) 1300 Eutaw Place

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw him alive 9/20 19 32 Death is said to have occurred on the date stated above, at 6 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Bichloride of Mercury	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/20 1932

Where did injury occur? 1413 W. Fayette St.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place In home

Manner of injury Took tablets

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Guy M. Cromwell M. D.
Coroner
(Address) 282 Patapsco Ave. Brooklyn

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not sufficient.
OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83041 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83041

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME — Alexander Powell

(a) Residence: No. 1536 McElderry St St., .. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Balto., Md.

FATHER

13. NAME — Madison Powell

14. BIRTHPLACE (city or town) (State or country) — Va

MOTHER

15. MAIDEN NAME — Harriett Thomas

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Edward Grey
(Address) 1536 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster, Date 9-23, 1932

19. UNDERTAKER — Bafford Mamus & Wright
(Address) 1211 McElderry St

20. FILED .. 19.. — .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from .. 19.. to .. 19..

I last saw h.. alive on .. 19.. Death is said to have occurred on the date stated above, at about 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation .. Date of ..

What test confirmed diagnosis? .. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Probably accident
Accident, suicide, or homicide? .. Date of injury .. 19..

Where did injury occur? 1536 McElderry St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury one burner of gas range in kitchen, had left on. Food on range.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ..

(Signed) Jos H Carr Coroner, M. D.
(Address) 508 E North ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83042 E 83042

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 r r r Williams St. 24-33 Ward.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A Baker

(a) Residence: No. 1 r r r William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Baker

6. DATE OF BIRTH (month, day, year) Aug 19 1876

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ed Hurdle

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr W Baker

(Address) 1 r r r William

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/23/ 1932

19. UNDERTAKER J J Fahey & Sons

(Address) 1318 Light St.

20. FILED ..., 19... R. E. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic intestinal nephritis	
duration	

Other contributory causes of Importance:

Contributory cause	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) 1318 Light St

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

83043 E 83043

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mrs Hope Retreat St. 28-63 Ward)

Length of residence in city or town where death occurred 62 yrs. 1 mos 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Owens

(a) Residence: No. Mrs Hope Retreat St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) July 25 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	62	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Ironworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Structural
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Owens
14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Ellen Thomas
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs Hope Retreat Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 8/24/ 1932

19. UNDERTAKER (Address) Penn (Cort) 129 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to Aug 22 1932
I last saw h.. alive on Aug 21 1932 death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis (Dementia)	1906
Other contributory causes of importance: Paralysis	3 days

Name of operation None Date of —
What test confirmed diagnosis? Wass. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Milton P. Hill M. D.
(Address) Mrs Hope Retreat

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83044

E 83044

CERTIFICATE OF DEATH

12-51 93-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 125 W. 27th St. 12 Ward)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward E Fowler

(a) Residence: No. 125 W. 27 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena E Fowler

6. DATE OF BIRTH (month, day, year) Feb 17 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Cas Co.

10. Date deceased last worked at this occupation (month and year) July 1930

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John Fowler

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Margaret Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Edward Blattenberger
(Address) 125 W. 27 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Govans Presbyterian Date Dec 24 1932

19. UNDERTAKER Wm Cook
(Address) 120 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Dec 22, 1932

I last saw h... alive on Dec 21, 1932 death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Dilatation of Cardiac Hypertrophy	Dec 1932 " "

Other contributory causes of importance:

Hypertension	July 1931
Arteria-Sclerosis	" 1931

Name of operation ... Date of ...

What test confirmed diagnosis? Thermal Signs. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. F. Martin, M. D.

(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83045

CERTIFICATE OF DEATH

E 83045

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Fourth St. 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Lemcke

(a) Residence: No. 606 Fourth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George A. Lemcke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Henrietta Hansen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Nancy E. Lemcke
(Address) 4416 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 9-24 1932

19. UNDERTAKER Wm. H. Doty
(Address) 1210 Eutaw St.

20. FILED 9-24 1932 BHH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4 1932 to Sept 22 1932

I last saw him alive on Sept 21 1932 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Cardiac Dilatation	?
Other contributory causes of importance: Chronic Endocarditis Myocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alma B. Lemcke M. D.

(Address) 7187 Pattison Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83046

CERTIFICATE OF DEATH

93 E 83046

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5930 Greenhill Ave. 26-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Christhilf Sr

(a) Residence: No. 5930 Greenhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary E. Christhilf

6. DATE OF BIRTH (month, day, year): Feb 5, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lone Cnt. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Christhilf

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Emma Schaefer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: James E. Christhilf
(Address): 5930 Greenhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lowe Date: Sept 24, 1932

19. UNDERTAKER: H. M. Cox & Son
(Address): 1217 E. Fort Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to Sept 22, 1932

I last saw h alive on Sept 21, 1932. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Hypertension	1 year

Other contributory causes of importance:

Thrombosis

Name of operation: None Date of: No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas A Capps, M. D.

(Address) 2140 Aisquith

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 83047

Registered No. 1565

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4000 (Street) Fairfax Rd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Halsel Hunt

(a) Residence: No. 4000 (Street) Fairfax Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Rev. Luther M. Hunt

6. DATE OF BIRTH (month, day, year) Aug 27th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Samuel R. Halsel

14. BIRTHPLACE (city or town) (State or country) Columbus Ohio

MOTHER

15. MAIDEN NAME Rebecca A. Hendren

16. BIRTHPLACE (city or town) (State or country) Hebron Ohio

17. INFORMANT E. B. Lackie

(Address) 4000 Fairfax Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 9/24/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1932 to Sept 21 1932

I last saw h alive on Sept 21 1932 Death is said to have occurred on the date stated above, at 8:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus from History	about 6 mo

Other contributory causes of importance:

Carcinoma Oesophagus	about 6 mo

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Walter D Tibbitt M. D.

(Address) 2220 Garrison Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83048

CERTIFICATE OF DEATH

46 E 83048

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore and St. 25-75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Slouck

(a) Residence: No. 34 Br S Hanover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Slouck

6. DATE OF BIRTH (month, day, year) Mar. 31, 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	5 —	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Carver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Slouck

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna Slouck

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Record Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 9/26/ 19

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21 32

22. I HEREBY CERTIFY, That I attended deceased from 9-15 32 to 9-21 32

I last saw h alive on 9-21 32 Death is said to have occurred on the date stated above, at 9:15 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder — Date of onset Chronic

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

9-22-32 (Signed) Elmer Highfield M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 83049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83049

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2162 Woodbury Ave St., 13-57 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Chalk Sr

(a) Residence: No. 2162 Woodbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Chalk

6. DATE OF BIRTH (month, day, year) July 12 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME James Chalk

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Sarah Simpson

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Peter Johnson
(Address) 2162 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Wm. Date Sept 25 1932

19. UNDERTAKER Chenoweth Bro.
(Address) 2151 Eutaw Pl

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1932 to Sept 22 1932

I last saw h alive on Sept 22 1932 Death is said to have occurred on the date stated above, at 8.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 10
Other contributory causes of importance: Chronic Int Nephritis + arteriosclerosis + Influenza	Sept 9

Name of operation None Date of None

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Thomas J O'Reilly M. D.

(Address) 608 Somerset Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83050 ✓ E 83050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3652 Edmondson Road St., 13-57 Ward)

Length of residence in city or town where death occurred 16yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Howard

(a) Residence: No. 3652 Edmondson Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Howard

6. DATE OF BIRTH (month, day, year) Sept 12 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Chaney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Burns

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Owner
(Address) 3652 Edmondson Road

18. BURIAL, CREMATION, OR REMOVAL
Mary's Cem. Date Sept 24 1932

19. UNDERTAKER Pharmer Bros
(Address) 1600 Pennsylvania Ave

20. FILED Sept 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Sept 22 1932

I last saw her alive on Sept 22 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	June 32

Other contributory causes of importance:

Pleurisy at Embolism	9-21-32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Wilson M. D.

(Address) 918 W 36th St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83051 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83051

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Paine St. St.) (13-52 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doric J. Ruston

(a) Residence: No. 3333 Paine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph Ruston

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Agnes M. Ryle

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Joseph Ruston

(Address) 3333 Paine St.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Sept 23, 1932

19. UNDERTAKER C. Kenwood Low.

(Address) 3600 Eastern Ave.

20. FILED SEP 2, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1932 to 9/21, 1932

I last saw h alive on 9/21, 1932 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Embolus	
O.K.	
Coroner J. Thomas	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas D Carter M. D.

9/22-32 (Address) 2145 N Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 83052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83052

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1755 Homestead ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Wohlers.

(a) RESIDENCE NO. 1755 Homestead ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A. Wohlers.

6 DATE OF BIRTH (month, day, and year) Aug 5, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer (Sta.)

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 0'30

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Wohlers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Informant Mary A. Wohlers (Wife)
(Address) 1755 Homestead

15 Filed SEP 2 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21-32

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 19 32, to Sept. 21, 19 32,

that I last saw h[illegible] alive on Sept 21, 19 32

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Uraemia 3dy. Convulsions
Myocarditis, Arteriosclerosis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Chr. Int. Nephritis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical - Symptoms

(Signed) Chas. A. Straus, M. D.

9-21, 19 32 (Address) 878 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 24 1932
20 UNDERTAKER Frank A. Fink	ADDRESS 915 N. Gay St

Important. See instructions on back of certificate.

83053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83053

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Bond St. 3-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Czeslawa Malinowska Dudzinska

(a) Residence: No. 514 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank Malinowski

6. DATE OF BIRTH (month, day, year) July 20-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	21	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME John Dudzinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Bojkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Malinowski
(Address) 514 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept. 24 1932

19. UNDERTAKER William Gawlowski
(Address) 1618 Fleet Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1932, to ....., 1932

I last saw h[er] alive on 9/20, 1932 death is said to have occurred on the date stated above, at 2:2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Subacute endocarditis	
Haemorrhagia	1 mo
	12 days
Other contributory causes of importance:	
Embolism of bilateral heart	1 day
failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs + symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Andrews, M. D.

(Address) 1623 Monument

THE CAUSE OF DEATH must be stated plainly. OCCUPATION is very important. See instructions on back of certificate.

E 83054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83054

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1969 N. Collington Ave St., 8-16 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Schmidt

(a) Residence: No. 1969 N. Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick A. Schmidt

6. DATE OF BIRTH (month, day, year) May 12/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William Kantz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Mazinger

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lillian A. Eben (Address) 1969 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Cem Date Sept 24 1932

19. UNDERTAKER J. J. Tucker & Son (Address) North Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 21/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Duration

Other contributory causes of importance:

Arteriosclerosis (Senile)

"Reported Dyspnea for some time)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Tucker, M. D. Coroner

(Address) 508 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 83055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83055

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Eutaw Place ST. 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily D. Stoddard

(a) RESIDENCE NO. 1612 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Grobie Stoddard

6 DATE OF BIRTH (month, day, and year): Dec 27, 1853

7 AGE — Years: 79 — Months: 11. — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Norfolk (State or country): Virginia

PARENTS

10 NAME OF FATHER: Edward Patterson

11 BIRTHPLACE OF FATHER (city or town): Norfolk (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Virginia Mahoney

13 BIRTHPLACE OF MOTHER (city or town): Norfolk Va. (State or country):

14 Informant: Mrs. Clarence J. Stoddard (Address): 1612 Eutaw Place

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 22-1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 32, to Sept 22, 19 32, that I last saw her alive on Sept 21, 19 32, and that death occurred, on the date stated above, at 2 15 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. J. Stoddard, M. D.

, 19 (Address) 1123 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 24 1932

20 UNDERTAKER: Jos. Syfer — ADDRESS: 1600 W. North ave

TION is very important. See instructions on back of certificate.

83056 ✓ E 83056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-1E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 94 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Freeland

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Thomas Freeland

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 24 1932

19. UNDERTAKER Wm Treadwell
(Address) 1 Fremont Ave

20. FILED ..... 19 .....
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1932, to Sept 23, 1932
I last saw him alive on Sept 22, 1932 death is said to have occurred on the date stated above, at 8. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. McCarthy, M. D.
(Address) 114 Hanover St

A&Co. 5-31 250B

83057

Keziah Souder

HEALTH DEPARTMENT—CITY OF BALTIMORE

83057

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Leeds St 20-32 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Keziah Souder

(a) Residence: No. 3104 Leeds St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Souder.

6. DATE OF BIRTH (month, day, year) Dec 16-1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co. (State or country) Md

MOTHER FATHER

13. NAME Isaac Jones

14. BIRTHPLACE (city or town) Balto Co. (State or country) Md

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) Chesapeake City (State or country) Md

17. INFORMANT Neal L Souder

(Address) 3104 Leeds St

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Cem Date Sept. 24 19 32

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Fredk Ave.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Sept 22, 1932

I last saw her alive on Sept 22 1932 death is said to have occurred on the date stated above, at 10A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio Sclerosis Indefinite	
Other contributory causes of importance: Exhaustion	Sept 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Sept 22/32 (Signed) R. E. H. Campbell M. D.

(Address) 1644 Hanover St.

MAIL CERTIFICATE TO REGISTRAR OF DISTRICT IN WHICH DEATH OCCURRED. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 83058 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83058

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2253 Hoon St. 13-54 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Holton

(a) Residence: No. 2253 Hoon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Holton

6. DATE OF BIRTH (month, day, year) [illegible] 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Theodore Jaspers

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Janine Judenstuff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Holton (Address) 2253 Hoon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 23 19 32

19. UNDERTAKER Virginia G. Brooks (Address) 1463 N. Carey St

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/32

22. I HEREBY CERTIFY, That I attended deceased from 9/25/32 19 ... to 9/25/32

I last saw him alive on 9/17/32. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Pulmonary Tuberculosis 7 mos

Other contributory causes of Importance:

Pregnancy Uterus 7 mos
Asphyxia

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee [illegible] M. D.

(Address) 324 Madison Ave

M 83059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83059

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. 660 W. Mulberry St. 17-26 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Augson

(a) Residence: No. 660 W. Mulberry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blind Man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John augson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Samuel McCullen

(Address) 1325 Bunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 9-23 1932

19. UNDERTAKER Daniel Carbon

(Address) 96 Pa ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 12.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	
Lobar Pneuminia	10 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John H. Emmons M. D. Coroner

(Address) 108 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83060

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Barclay St. 17-50 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Kraft

(a) Residence: No. 2313 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kraft

6. DATE OF BIRTH (month, day, year) Jan. 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Fred Deng

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jennie Crockett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Evelyn Smith
(Address) 2 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept 24. 1932

19. UNDERTAKER Percy M. Medfield
(Address) 201 E 22nd St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 . 1932 to Sept. 21 . 1932

I last saw her alive on Sept. 21 . 1932 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Myocarditis ending in cardiac failure	?

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris B. Schreiber, M. D.

(Address) 3911 Resplendent Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1248-9

83061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83061

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore, Maryland 9-30-32, St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Morgee

(a) Residence: No. None Known St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME George Morgee

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Katie Morgee

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept 23, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1932 to 9-20, 1932

I last saw him alive on 9-20, 1932. Death is said to have occurred on the date stated above, at 11.a a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	9-16-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, Specify .....

9-22-32 (Signed) James Highberger, ? M. D.

(Address) Balto. City Hospitals,

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Grant 6 McDermott ✓

E 83062 · HEALTH DEPARTMENT—CITY OF BALTIMORE E 83062

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward) 12th 51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank E. McDermott

(a) Residence: No. 414 W. 23rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) July 27 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John McDermott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Farley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ann J McDermott

(Address) 414 W 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place St Jos. Cem Govans Md Date 8/24 . 1932

19. UNDERTAKER George A Farley

(Address) Toleston & Fayette

20. FILED ..... . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 . 1932 to Sept. 21 . 1932

I last saw him alive on Sept. 21 . 1932 Death is said to have occurred on the date stated above, at 3 25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Toxic Psychosis & multiple dentis	
2. Toxic Meningo-encephalitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Van Arsdale . M. D.

(Address) St. Agnes Hos

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83063 HEALTH DEPARTMENT—CITY OF BALTIMORE 83063

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N Carlene St. 8-13 Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Green

(a) Residence: No. 1111 N Carlene St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ephriel Wells

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary F Smith Matthews
(Address) 1111 N Carlene

18. BURIAL, CREMATION, OR REMOVAL
Place Albury cemetery Date Sept 24 1932

19. UNDERTAKER Edw Rojan
(Address) 1639 Orleans st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Sept 20 1932

I last saw him alive on Sept 20 1932 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Lobar Pneumonia	9/17/32

Other contributory causes of importance:

Toxemia	9/17/32

Name of operation ... Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) J Blalock Compts M. D.

(Address) 1113 N Carlene St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83064

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 W Fayette St. 18-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto H. Kurtz

(a) Residence: No. 1119 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia P. Kurtz

6. DATE OF BIRTH (month, day, year) Sept 24 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Buckle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Julia P Kurtz
(Address) 1119 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL.
Place Westminster Date 9/26/ 1932

19. UNDERTAKER John Edward Fox
(Address) 901 Fulton St

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31 1932 to Sept 26 1932

I last saw him alive on Sept 24 1932. Death is said to have occurred on the date stated above, at 12 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	
Heart & Arteriosclerosis.	
Gastro-Enteritis Hemorrhage.	

Other contributory causes of importance:

Grand Contracted Kidneys

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Brunner, M. D.

(Address) 1252 Eutaw

M. D. H. 1268-9

E 83065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83065

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-57 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert R. Morris

(a) Residence: No. 3624 Parkdale Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-18-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob W. Morris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Lytle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Jacob Morris
(Address) 3600 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Nat'l Date Sept 24th 19

19. UNDERTAKER A. Jones
(Address) 111 E. Lemon st

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 — 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

83066

E 83066

93-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #3124 Lawnview Ave. ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy F. Smith

(a) RESIDENCE NO #3124 Lawnview Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Smith

6 DATE OF BIRTH (month, day, and year) May 21st. 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	35	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bookeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Public Accountant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Bartholomus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Sophia Smith

(Address) #3124 Lawnview Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above. about 2 A.M.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown - No history

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) D. E. Waesche, M. D.
Coroner

, 19 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Park

DATE OF BURIAL Sept 24 1932

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83067

E 83067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Warner St. ST. 21-24 WARD)

2-FULL NAME George W. Bishop.

(a) RESIDENCE NO 808 Woodward St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXECUTION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary G. Bishop.

6 DATE OF BIRTH (month, day, and year) March 1, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Street sweeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Bishop.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie O'Conner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary G. Bishop. (wife)
(Address) 808 Woodward St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) September 21, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a wharf.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. Leonard Coroner, M. D.

9/23/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 9/24/32

20 UNDERTAKER [illegible]

ADDRESS 1417 N. Paul.

1-30—M. & T.—100 B—50L

E-83068 E 8306

E 83068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 E. York St. ST. 22-6 WARD)

2-FULL NAME John T. Trimble.

(a) RESIDENCE NO 39 E. York St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence E. Trimble.

6 DATE OF BIRTH (month, day, and year) April 6, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER ------ Trimble.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary E. Williams.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant John R. Trimble. (son)
(Address) 201 E. Montgomery St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. A. Leonard, M. D. Coroner

9/28/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

20 UNDERTAKER Wm. Cook

DATE OF BURIAL Sept. 24 1932

ADDRESS 1217 St. Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83069

CERTIFICATE OF DEATH

46v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 27-56 Ward)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Reva Bloom
(a) Residence: No. 4519 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Isaac Bloom
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Rana Bloom
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ellis Bloom - Son
(Address) 4519 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Sinai Cemetery Date 9/23 1932

19. UNDERTAKER Jack Levin Co
(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1932 to Sept 22, 1932
I last saw her alive on Sept 22, 1932. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Nov 5, 1931

Other contributory causes of importance:

Chr Pulm Tb (Inactive) ?

Name of operation No Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Archie Robert Cohen M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83070

137 v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-40 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard O'Donnell [O'DONNELL]

(a) Residence: No. 3105 Lawnview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna O'Donnell

6. DATE OF BIRTH (month, day, year) March 26 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

13. NAME Bryan O'Donnell

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. F. O'Donnell

(Address) 3105 ~~or~~ Lawnview

18. BURIAL, CREMATION, OR REMOVAL Where Loyola Date Sept 24 1932

19. UNDERTAKER J. J. Stuntson

(Address) 3001 Kentucky Ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12. 1932 19 . to Sept. 21 1932

I last saw h. alive on Sept 21 1932 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	9-1-32
Uremia	9-18-32

Other contributory causes of importance:

Name of operation Prostatectomy Date of 9-16-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kerwin M. D.

(Address) 26 Wyoke Bldg

E[M] 83071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83071

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Woodland Ave St. 27-56 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Binns

(a) Residence: No. 3415 Woodland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Lucretia Dustin Binns

6. DATE OF BIRTH (month, day, year) May 27-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June [illegible]

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis D. Binns

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ellen Stickles

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lucretia B. Binns
(Address) 3415 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Sept. 24. 1932

19. UNDERTAKER Harry W. Ebert
(Address) 1944 W. Pratt Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30 1932 to Sept 22 1932

I last saw him alive on Sept 21 1932 Death is said to have occurred on the date stated above, at 6 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, [illegible]

(Signed) Ernest H. Baker M. D.

(Address) 3004 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 83072

E 83072

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-004

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 906 W. Mulberry ST., 18-16 WARD)

2—FULL NAME Baby Mitchell

(a) RESIDENCE NO. 906 W Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22-1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Edw. Mitchell

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Meg Wormley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Sarah Mitchell
(Address) Baltimore

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22-1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932 to Sept 22, 1932

that I last saw h[illegible] alive on Sept 22, 1932

and that death occurred, on the date stated above, at 10 7 m.

The CAUSE OF DEATH* was as follows:

Umbilical Hemorrhage

1 hr.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard, M. D.

, 19 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Sept 23, 1932
20 UNDERTAKER	ADDRESS
Mrs Katie R. Williams	3214 Schroeder st.

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 83073

E 83073 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-7 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Mullis

(a) Residence: No. 605 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/18/32

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Cassie Mullis

14. BIRTHPLACE (city or town) (State or country) Ga -

MOTHER

15. MAIDEN NAME Mildred Willis

16. BIRTHPLACE (city or town) (State or country) N. - Car -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Place ..... Date 19

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 . 1932 to Sept 18 . 1932
I last saw h[illegible] alive on Sept 18 . 1932. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Rochford, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83074

HEALTH DEPARTMENT—CITY OF BALTIMORE

265049 E 83074 CERTIFICATE OF DEATH 160-002

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Young

(a) Residence: No. 1412 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/15/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland USA

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Alice Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Records Johns Hopkins Hospital.

18. BURIAL, CREMATION, OR REMOVAL Place Ft Meade Date Sept 23, 1932

19. UNDERTAKER (Address) Undertaker Not L. Dan E. Goodale

FILED Sept 23, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1932 to 9-21-1932

I last saw him alive on 9-21-1932 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	9-15-32
Hemorrhagic Icterus	9-16-32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L O Becktold M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83075 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83075

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Allen

(a) Residence: No. 1420 E. Ellsworth St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-20-32

7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Wolfred Allen

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Beatrice

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19...

19. UNDERTAKER .....
(Address) .....

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11 A.M. - 9/21/32, 19.., to 5:30 A.M. - 9/21/32, 19..

I last saw her alive on Sept 21, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E79551 May 9, 1932 AND

ENDING WITH #E83075 Sept. 23, 1932 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

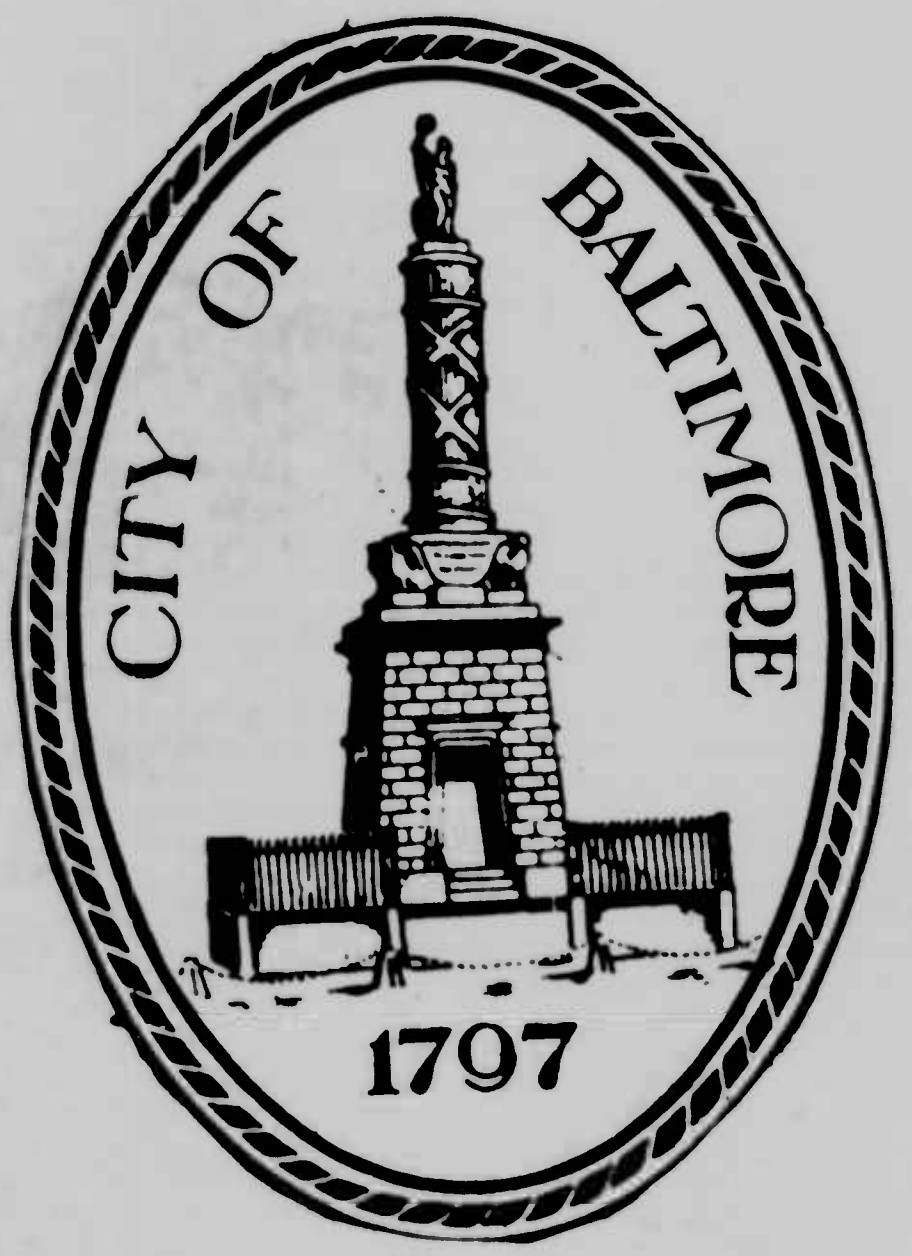
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL